


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A96000001443

1. Entity Name  
 JAMES BROWN FAMILY LIMITED PARTNERSHIP



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 111 SUN LANE P.O. BOX 219  
 PANAMA CITY BEACH, FL 32413 VERNON, FL 32462

2. Principal Place of Business \_\_\_\_\_ 3. Mailing Address \_\_\_\_\_  
 Suite, Apt. #, etc. Suite, Apt. #, etc. *P.O. Box 219*

City & State \_\_\_\_\_ City & State \_\_\_\_\_  
*Vernon, FL*

Zip \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
*32413 Washington*



03162005 Chg-LP CR2E003 (10/03)

4. FEI Number \_\_\_\_\_ Applied For \_\_\_\_\_  
 59-3389189 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JAMES J  
 111 SUN LANE  
 PANAMA CITY BEACH, FL 32413

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$442,639.00

10. Amount of Capital Contributions in FLORIDA to date. \_\_\_\_\_

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000049124	STREET ADDRESS	
NAME	SAFEL, INC.	CITY - ST - ZIP	
STREET ADDRESS	111 SUN LANE		
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			1100000314566
CITY - ST - ZIP			04/18/05-80171-018 526.25
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *James J Brown* 4-4-05 850-685-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #