


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001015**

1. Entry Name  
BROUDY BROS., LTD.



Principal Place of Business  
35 N PONCE DE LEON  
ST AUGUSTINE, FL 32084

Mailing Address  
P.O. BOX 1689  
ST AUGUSTINE, FL 32085-1689

2. Principal Place of Business

3. Mailing Address

Suite Apt # etc

Suite Apt # etc

City & State


City & State

Zip

Country

Zip

Country



02162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3523108

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BROUDY, BARRY B  
35 NORTH PONCE DE LEON  
P.O. BOX 1689  
ST AUGUSTINE, FL 32085-1689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. I, the above named entry, submit 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 \_\_\_\_\_

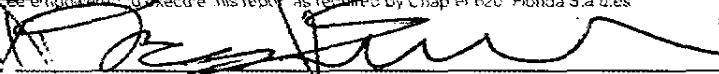
9. Capital Contributions as Shown on records \$8,000,000.00

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	
MEMBER #	P98000016363	STATE ADDRESS	
NAME	MARTIN BROUDY, INC.	CITY AND STATE	
STREET ADDRESS	35 NORTH PONCE DE LEON	STREET ADDRESS	
CITY AND STATE	ST AUGUSTINE, FL 32084	CITY AND STATE	
MEMBER #		STATE ADDRESS	
NAME		CITY AND STATE	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	
MEMBER #		STATE ADDRESS	
NAME		CITY AND STATE	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	
MEMBER #		STATE ADDRESS	
NAME		CITY AND STATE	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption shown in Section 119.07(3)(i) 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. I am a General Partner of the limited partnership or the receiver of the limited partnership and I declare this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**  4/26/04 904-417-2090

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE