


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Jan 11, 2006 08:00 AM  
Secretary of State**

DOCUMENT # A98000001015  
1. Entity Name  
BROUDY BROS., LTD.



Principal Place of Business      Mailing Address  
35 N PONCE DE LEON      P.O. BOX 1689  
ST AUGUSTINE, FL 32084      ST AUGUSTINE, FL 32085-1689



01062006 No Chg-LP      CR2E003 (11/05)

4. FEI Number 59-3523108	Applied For Not Applicable
-----------------------------	-------------------------------

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

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT #	P98000016363
NAME	MARTIN BROUDY, INC.
STREET ADDRESS	35 NORTH PONCE DE LEON
CITY - ST - ZIP	ST AUGUSTINE, FL 32084
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000382456  
01/12/06-80012-011 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Martin Brody      1/16/06      (904) 417-2090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #