


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 13, 2007 08:00 A
Secretary of State**

DOCUMENT # A98000001015 1. Entity Name BROUDY BROS., LTD.	
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Principal Place of Business 35 N PONCE DE LEON ST AUGUSTINE, FL 32084	Mailing Address P.O. BOX 1689 ST AUGUSTINE, FL 32085-1689
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DO NOT WRITE IN THIS SPACE

03202007 No Chg-LP		CR2E003 (12/06)
4. FEI Number 59-3523108	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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, 2007, 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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000016363 MARTIN BROUDY, INC. 35 NORTH PONCE DE LEON ST AUGUSTINE, FL 32084
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U00000706472
04/24/07-80035-008 500.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____