


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

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # B98000000069					
1. Entity Name THE BREEN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3524 FAIR OAKS LANE LONGBOAT KEY, FL 34228		Mailing Address 3960 MERRICK RD. SEAFORD, NY 11783			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012004 Chg-LP CR2E003 (10/03) 4. FEI Number 58-2260831 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			7. Name and Address of New Registered Agent		
BREEN, JAMES J 3524 FAIR OAKS LANE LONGBOAT KEY, FL 34228			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,854,108.00		10. Amount of Capital Contributions in FLORIDA to date. 139,107			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	BREEN, JAMES J		STREET ADDRESS	U00000087445 03/15/04 09011 015 526.25	
NAME	3524 FAIR OAKS LANE		CITY-ST-ZIP		
STREET ADDRESS	LONGBOAT KEY, FL 34228		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	BREEN, JOAN F		STREET ADDRESS		
NAME	3524 FAIR OAKS LANE		CITY-ST-ZIP		
STREET ADDRESS	LONGBOAT KEY, FL 34228		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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; 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: <i>James J. Breen</i>			Date: 2/21/04		
JAMES J. BREEN			Daytime Phone #		

STAPLE CHECK HERE