


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Feb 19, 2005 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



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.
City & State
Zip Country

4. FEI Number: 58-2260831
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
BREEN, JAMES J
3524 FAIR OAKS LANE
LONGBOAT KEY FL 34228

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 006 if applicable

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record: \$2,854,108.00

10. Amount of Capital Contributions in FLORIDA to date: 145,780

**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
	BREEN, JAMES J	3524 FAIR OAKS LANE	LONGBOAT KEY FL 34228
	BREEN, JOAN F	3524 FAIR OAKS LANE	LONGBOAT KEY FL 34228

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP
	000000235438 02/19/05-80003-010 526.25

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. Breen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: _____ Daytime Phone #: 941-387-3380