

**2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001443

**Entity Name:** JAMES BROWN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4152 WARD COVE DRIVE  
NICEVILLE, FL 32578

**Current Mailing Address:**

4152 WARD COVE DRIVE  
NICEVILLE, FL 32578 US

**FEI Number:** 59-3389189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, JAMES J  
4152 WARD COVE DRIVE  
NICEVILLE, FL 32578 US

*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.*

**SIGNATURE:** JAMES J BROWN

04/08/2019

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document # P96000049124

Name SAFEL, INC.

Address 4152 WARD COVE DRIVE

City-State-Zip: NICEVILLE FL 32578

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES J BROWN

PRES

04/08/2019

Electronic Signature of Signing General Partner Detail

Date