

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A00000000925

1. Entity Name
BRYAN ENTERPRISES FAMILY PARTNERSHIP, LTD.



FILED

07 SEP -7 AM 10:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
232 SABINE DRIVE
PENSACOLA BEACH, FL 32561

Mailing Address
18 NORTH OAKWOOD LN
COLUMBUS, MS 39701

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
254 Plaza Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08272007 Chg-LP CR2E003 (12/06)

City & State

City & State
Oviedo FL

4. FEI Number
59-3659505

Applied For
 Not Applicable

Zip

Country

Zip
32765

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, NELLIE B
232 SABINE DRIVE
PENSACOLA BEACH, FL 32561

Name
Randy C. Bryan, Esq.
 Street Address (P.O. Box Number is Not Acceptable)

254 Plaza Dr.

City
Oviedo FL Zip Code
32765

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 **[Signature]**
 Signature, typed or printed name of registered agent and title, applicable

8/27/07
 DATE

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
L00000004312
BRYAN MANAGEMENT, L.L.C.
18 NORTH OAKWOOD LN
COLUMBUS, FL 39701

STREET ADDRESS
 CITY-ST-ZIP
254 Plaza Dr.
Oviedo, FL 32765

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STREET ADDRESS
 CITY-ST-ZIP

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] manager **Bryan Management LLC**

8/27/07

4079778080
 Daytime Phone #

STAPLE CHECK HERE