

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -1 AM 10:00

**DOCUMENT # A01000000763**

1. Entity Name  
 THE 125 FAMILY PARTNERSHIP, L.L.P.



Principal Place of Business  
 4155 ST JOHNS PKWY, STE. 2000  
 SANFORD, FL 32771

Mailing Address  
 4155 ST JOHNS PKWY, STE. 2000  
 SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3726072

Applied For

Not Applicable

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

BREWER, DAVID B  
 2155 ST JOHNS PKWY, STE. 2000  
 SANFORD, FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

4155 St Johns Pkwy, Ste 2000

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

\$450,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 # L01000008885  
 NAME BREWER OPERATING COMPANY, LLC  
 STREET ADDRESS 4155 ST JOHNS PKWY, STE. 2000  
 CITY-ST-ZIP SANFORD, FL 32771

STREET ADDRESS

CITY-ST-ZIP

000032742550  
 04/14/04-01042-008 \*\*526.25

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE