
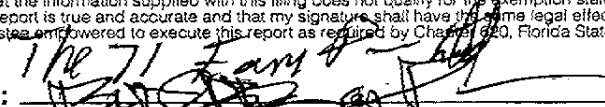


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000852					
1. Entity Name THE 71 FAMILY PARTNERSHIP, LTD.					
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	4. FEI Number 03-0380707	
				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 BREWER, DAVID B 4155 ST. JOHNS PKWY., STE. 2000 SANFORD, FL 32771				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00			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		STREET ADDRESS		
NAME	BREWER OPERATING COMPANY, LLC		CITY- ST- ZIP		
STREET ADDRESS	4155 ST. JOHNS PARKWAY, SUITE 2000				
CITY- ST- ZIP	SANFORD, FL 32771		000000111165 04/13/04-80005-009 526.25		
DOCUMENT #			STREET ADDRESS		
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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 PRINTED NAME OF SIGNING GENERAL PARTNER					
Date _____ Daytime Phone # _____					

STAPLE CHECK HERE