## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Feb 11, 2008 08:00 AN Secretary of State

Due by may 1, 2000	
DOCUMENT # A01000001383	
1. Entity Name	
THE 585 FAMILY PARTNERSHIP, LTD.	

Principal Place of Business

STAPLE CHECK HERE

CITY-ST-ZIP

SIGNATURE:

4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771

Mailing Address

4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771



01182008 No Chg-LP

CR2E003 (12/06)

information partnership

4. FEI Number	Ł	Applied For
59-3753406	 	Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BREWER, DAVID B 4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
	named entity submits this statement for the purpose of changing its re- tions of registered agent.	] gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and bile if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	00
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be flied to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000008885 BREWER OPERATING COMPANY, LLC 4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771	,
DOCUMENT # NAME STREET ADDRESS CNY-ST-ZIP		U00000823491 02/20/03-80040-022 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	,	
DOCUMENT # NAME STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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 or the receiver or trustee empowered to execute this report at required by Chapter 6 to Florida. States

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GEN