

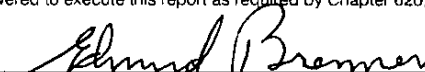


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 9:50

DOCUMENT # A02000000155						SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name BRENNEN PARTNERSHIP, LTD.						05 MAR 15 AM 9:50	
Principal Place of Business 18239 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469				Mailing Address 18239 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469			
2. Principal Place of Business		3. Mailing Address		 03092005 Chg-LP CR2E003 (10/03) 4. FEI Number ADDED FOR N/A Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent BRENNEN, EDMUND 18239 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469				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. \$3,000,000.00				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 #	BRENNEN, EDMUND 18239 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469			STREET ADDRESS	100048845721 03/22/05--01021--002 **\$26.25		
NAME							
CITY-ST-ZIP							
DOCUMENT #	PROHASKA, BRENDA B 289 FORDHAM PLACE BRONX, NY 10464			STREET ADDRESS			
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NAME							
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: 				3/13/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			