

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000155

1. Entity Name
BRENNEN PARTNERSHIP, LTD.



Principal Place of Business
18239 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

Mailing Address
18239 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

FILED
03 MAR 12 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

BRENNEN, EDMUND
18239 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

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

DATE

9. Capital Contributions as Shown on record. \$3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 BRENNEN, EDMUND
STREET ADDRESS 18239 S.E. FEDERAL HIGHWAY
CITY-ST-ZIP TEQUESTA FL 33469

STREET ADDRESS 300013150813
CITY-ST-ZIP 03/12/03--01057--010 **88.75

DOCUMENT #
NAME PROHASKA, BRENDA B
STREET ADDRESS 289 FORDHAM PLACE
CITY-ST-ZIP BRONX NY 10464

STREET ADDRESS 300013150813
CITY-ST-ZIP 02/27/03--01019--023 **437.50

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0012672 AT