


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

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

DOCUMENT # A02000000340	
1. Entity Name BRITE FUTURE SERVICES, LTD.	

Principal Place of Business 201 NORTHEAST 14TH AVENUE, SUITE 12-A HALLANDALE FL 33009	Mailing Address 201 NORTHEAST 14TH AVENUE, SUITE 12-A HALLANDALE FL 33009
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent
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LITTEJOHN, JOANNE M 201 NORTHEAST 14TH AVENUE, SUITE 12-A HALLANDALE FL 33009

4. FEI Number 03-0408374	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent
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Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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
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9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P99000078190	NAME BRITE FUTURE PLUMBING, INC. ✓	STREET ADDRESS	
STREET ADDRESS 201 NORTHEAST 14TH AVENUE, SUITE 12-A		CITY-ST-ZIP	
CITY-ST-ZIP HALLANDALE FL 33009			

DOCUMENT # NAME	STREET ADDRESS	CITY-ST-ZIP
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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: 	DATE 2-19-04	Daytime Phone #
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MOORE CR2E003 (11/03)

STAPLE CHECK HERE