


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000344 1. Entity Name THE 81 FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771	Mailing Address 4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03162004 Chg-LP CR2E003 (10/03)

4. FEI Number 02-0581109	Applied For <input type="checkbox"/> 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 PARKWAY, SUITE 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$700,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	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		
DOCUMENT #		STREET ADDRESS	1000000104745
NAME		CITY-ST-ZIP	04/06/04-80024-024 526.25
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE