PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSI REINSTATEM	HIP	Secretar	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 OCT 21 PM 1: 04	
DOCUMENT # AO2 —— 1625 1. Name of Limited Partnership					SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Brie Realty Limited Partnership						
		3. Mailing Office Address	3. Mailing Office Address		500136977485 10716/0801022014 **3000.00 cr2e039 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Date Formed or Registered 12 To Do Business in Florida	บกลาวกกว
City & State Gulf Shores, AL		City & State	City & State		To Do Business in Florida 5. FEI Number	Applied For Not Applicable
² /36542	ΰ̈̈̈́SΑ	Žip	Country		6. CERTIFICATE OF STATUS DESIRED	S8 75 Additional For required
8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) t Street Suite, Apt. #, Etc. State State FL 32502					7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
9. Pursuant to the provisions of section 620,1810 or 620,1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Rorida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
10. Name(s) of Ge	General Partner(s)		ch General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number
Brie Investment, Inc. 16868 Tristen Lane Gulf Shores, AL 36542 P0200011430						P02000114309
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
11. I do hereby certify that the information supplied with thighfling is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Cyapter 119, Florida Statutes and the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE DATE Typed or Printed Name of General Partner Signing Form Thomas Poulos Telephone Number						