
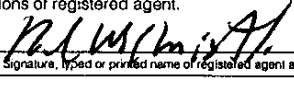
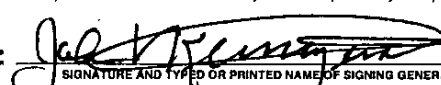


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 16 AM 9:33

<b>DOCUMENT # A03000000298</b>					
1. Entity Name <b>BROWNSTONE FLORONE MANAGEMENT LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2200 S. OCEAN LANE, #1805 FT. LAUDERDALE, FL 33316</b>			Mailing Address <b>2200 S. OCEAN LANE, #1805 FT. LAUDERDALE, FL 33316</b>		
2. Principal Place of Business		3. Mailing Address		04112005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>90-0108650</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AUGUST &amp; KULUNAS, P.A. 250 AUSTRALIAN AVENUE SOUTH 1100 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>NEAL W. KNIGHT, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>321 ROYAL POINCIANA PLAZA, SOUTH</b> City <b>PALM BEACH</b> FL Zip Code <b>33480</b>	
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. <b>\$500.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$500.00</b>			
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 #	BROWNSTONE FLORONE MANAGEMENT			STREET ADDRESS	
NAME	KUNIGENAS, JOHN V PRES.			CITY - ST - ZIP	
STREET ADDRESS	2200 S. OCEAN LANE, #1805			STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33316			CITY - ST - ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS				STREET ADDRESS	
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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:  JOHN V. KUNIGENAS, PRESIDENT				Date <b>6/2/05</b> Daytime Phone #	

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