2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
07 MAY 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000298

1. Entity Name
BROWNSTONE FLORONE MANAGEMENT LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2200 S. OCEAN LANE, #1805 FT. LAUDERDALE, FL 33316	2200 S. OCEAN LANE, #1805 FT. LAUDERDALE, FL 33316

04022007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18558 SW 46th STREET	18558 SW. 46th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MIRAMAR FL	City & State: MIRAMAR FL
Zip: 33029 Country:	Zip: 33029 Country:

4. FEI Number: 90-0108650 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNIGHT, NEAL W JR 340 ROYAL POINCIANA WAY, SUITE 321 PALM BEACH, FL 33480	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

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

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 / STREET ADDRESS / CITY-ST-ZIP	KUNIGENAS, JOHN V 9723 VIA GRANDEZZA WEST WELLINGTON, FL 33414	STREET ADDRESS CITY-ST-ZIP	18558 SW 46th STREET MIRAMAR, FL 33029
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 5/19/07 — Daytime Phone #: (954) 441-1837