

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:47

DOCUMENT # A03000000298					
1. Entity Name BROWNSTONE FLORONE MANAGEMENT LIMITED PARTNERSHIP					
Principal Place of Business 18558 NW 46TH ST. MIRAMAR, FL 33029			Mailing Address 18558 NW 46TH ST. MIRAMAR, FL 33029		
2. Principal Place of Business - No P.O. Box # 9/0		3. Mailing Address Suite, Apt. #, etc. Huntington National Bank 3801 PGA Blvd Suite 900 Palm Beach Gardens, FL 33410			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR 340 ROYAL POINCIANA WAY, SUITE 321 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name: NEAL W. KNIGHT, JR. Street Address (P.O. Box): Huntington National Bank 3801 PGA Blvd Suite 900 City: Palm Beach Gardens, FL 33410 Zip Code: 33410		
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: <i>John V. Kunigenas</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>MARCH 6, 2008</u>		
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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		
NAME	KUNIGENAS, JOHN V		CITY-ST-ZIP		
STREET ADDRESS	18558 SW 46TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>John V. Kunigenas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE: <u>MARCH 6, 2008</u>		
			DAYTIME PHONE #: <u>(954) 441-1837</u>		

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