

2004-LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY -4 PM 5:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000000669

1. Entity Name
BROOKSIDE TAMPA APARTMENTS LTD.



Principal Place of Business
**C/O ADORNO & YOSS, PA
 700 S FEDERAL HWY, STE 200
 BOCA RATON, FL 33432**

Mailing Address
**C/O ADORNO & YOSS, PA
 700 S FEDERAL HWY, STE 200
 BOCA RATON, FL 33432**

2. Principal Place of Business

3. Mailing Address
4815 E. BUSCH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 208

City & State

City & State
TAMPA, FL

Zip

Country

Zip
33617

Country
USA

01122004 Chg-LP CR2E003 (10/03)

4. FEI Number
06-1692984

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
 700 S FEDERAL HWY, STE 200
 BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name
DAVID GORDON

Street Address (P.O. Box Number is Not Acceptable)
OWNERS PROPERTY MANAGEMENT

4815 E. BUSCH BLVD., SUITE 208

City
TAMPA

FL 33617

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

DAVID GORDON, AGENT

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$2,560,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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

DOCUMENT # **P03000046968**
 NAME **BROOKSIDE GP INC.**
 STREET ADDRESS **700 S FEDERAL HWY, STE 200**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
500036545916
05/18/04--01035--004 **526.25

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 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 #

4/29/04

813-287-1078

STAPLE CHECK HERE