2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000826

1. Entity Name
THE BRAY-HARTMAN LLLP

Principal Place of Business
C/O GUTTENMACHER & BOHATCH, PA
2600 DOUGLAS RD., PH-8
CORAL GABLES, FL 33134

Mailing Address
C/O GUTTENMACHER & BOHATCH, PA
2600 DOUGLAS RD., PH-8
CORAL GABLES, FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

04252005 Chg-LP CR2E003 (10/03)

4. FEI Number
14-1884747

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQ
2600 DOUGLAS RD., PH-8
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record.	$800,000.00	10. Amount of Capital Contributions in FLORIDA to date. 793401	$ 526.25

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 #		STREET ADDRESS	
NAME	BRAY, DAVID EDWARD		
STREET ADDRESS	2600 DOUGLAS RD., PH-8	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME	HARTMAN, DAVID NEAL		
STREET ADDRESS	2600 DOUGLAS RD., PH-8	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME			
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05/11/05-80003-025 526.25

STAPLE CHECK HERE

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] X 4/29/05 X 305 296-3038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #