

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000000879

1. Entity Name
BRUDNICKI FAMILY LIMITED PARTNERSHIP



FILED

04 JUN 28 PM 2:21

FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
**2720 TRACY LANE
PANAMA CITY, FL 32405**

Mailing Address
**2720 TRACY LANE
PANAMA CITY, FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6/28

06132004 Chg-LP CR2E003 (10/03)

6/28

4. FEI Number

20-0026921

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUDNICKI, GREGORY M
2720 TRACY LANE
PANAMA CITY, FL 32405**

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 *G. Brudnicki* Signature, typed or printed name of registered agent and date if applicable.

6/14/04

DATE

9. Capital Contributions
as Shown on record. **\$10,000,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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	BRUDNICKI, GREGORY M 2720 TRACY LANE PANAMA CITY, FL 32405	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BRUDNICKI, EVELYN L 2720 TRACY LANE PANAMA CITY, FL 32405	STREET ADDRESS	2000038663222
		CITY-ST-ZIP	07/02/04--01077--003 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: *G. Brudnicki*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #