

**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

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

Country

Zip

Country

06132004

Chg-LP

CR2E003 (10/03)

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

7. Name and Address of New Registered Agent

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

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 date if applicable.

DATE

**6/14/04**

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

CITY-ST-ZIP

**200038663222**  
**07/02/04--01077--003 \*\*526.25**

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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 #

**Gregory M. Brudnicki** **6/14/04** **850-769-6141**

STAPLE CHECK HERE