2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 FILED Apr 07, 2008 08:00 Al Secretary of State **DOCUMENT # A03000000879** BRUDNICKI FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 322 SOUTH BONITA AVE **322 SOUTH BONITA AVE** PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 01222008 No Chg-LP CR2E003 (12/06) NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0026921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUDNICKI, GREGORY M DO NOT WRITE 322 SOUTH BONITA AVE PANAMA CITY, FL 32401 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE 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/ 1 <u>1 4/4</u>/2 GENERAL PARTNER INFORMATION DOCUMENT # NAME # 5 m 1 BRUDNICKI, GREGORY M STREET ADDRESS 322 SOUTH BONITA AVE CITY-ST-7IP PANAMA CITY, FL. 32401 DOCUMENT # BRUDNICKI, EVELYN L NAME STREET ADDRESS 322 SOUTH BONITA AVE CITY-ST-ZIP PANAMA CITY, FL 32401 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 is required by Chapter 620, Florida Statutes

SIGNATURE:

NAME'. STREET ADDRESS CITY-ST-ZIP