## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## FILED Mar 06, 2006 08:00 AM Secretary of State

| DOCUMENT# | 403000i | 000958 |
|-----------|---------|--------|
|-----------|---------|--------|

1. Entity Name
BREWSTER VENTURES, LTD.



Principal Place of Business

STAPLE CHECK, HERE

SIGNATURE:

5811 PELICAN BAY BLVD., SUITE 600 C/O FOWLER WHITE BOGGS BANKER, P.A. NAPLES, FL 34108 Mailing Address

5811 PELICAN BAY BLVD., SUITE 600 C/O FOWLER WHITE BOGGS BANKER, P.A. NAPLES, FL 34108



01252006 No Chg-LP

CR2E003 (11/05)

| 4. | FEI Number |  |
|----|------------|--|
|    | 20-0070176 |  |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER, P.A. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108

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| 8. The above<br>the obligat                         | named entity submits this statement for the purpose of changing its regis-<br>tions of registered agent.  | tered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept \$100001455604<br>\$100001455604<br>\$100.08  |  |
|---|---|---|--|
| SIGNATURE   | Signature, typed or printed name of registered agent and title if explication   | OATE  |  |
|   |   | T ONE   |  |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2006, Fee will be \$900.00  | · · · · · · · · · · · · · · · · · · ·   |  |
|   | A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo   | MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  Im; an amendment must be filed to change a general partner.  |  |
| 12.   | GENERAL PARTNER INFORMATION   |   |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          | P03000072750 BREWSTER VENTURES, INC. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108   | DO NOT WRITE<br>IN THIS SPACE   |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-DP           |   |   |  |
| DOCUMENT • NAME STREET ADDRESS CITY-ST-ZIP          |   |   |  |
| DDCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |   |  |
| DOCUMENT &<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |  |
| OCCUMENT &<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |  |
| 14. I hereby of indicated or the rec                | certify that the information supplied with this filing does not qualify for the<br>on this report is true and accurate and that my signature shall have the sa<br>siver or trustee empowered to execute this report as required by Chapter in | exemptions contained in Chapter 119, Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am a General Partner of the limited partnership 520, Florida Statutes |  |