


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000001136 1. Entity Name BRIMS FAMILY LIMITED PARTNERSHIP, LLLP	
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Principal Place of Business 13351 MUSTANG TRAIL SOUTHWEST RANCHES, FL 33330	Mailing Address 13351 MUSTANG TRAIL SOUTHWEST RANCHES, FL 33330
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

52-2371599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AISENBERG, BRENDA
13351 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330**

**DO NOT WRITE
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

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. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	AISENBERG, BRENDA
STREET ADDRESS	13351 MUSTANG TRAIL
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330
DOCUMENT #	
NAME	
STREET ADDRESS	
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U00000827215
02/21/08-80082-002 500.00

**DO NOT WRITE
IN THIS SPACE**

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 as required by Chapter 620, Florida Statutes

SIGNATURE

B. Aisenberg **Brenda Aisenberg** 2/8/08 954434-2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE