FILED 2008 LIMITED PARTNERSHIP ANNUAL REPORT Feb 11, 2008 08:00 AM Secretary of State **Due By May 1, 2008 DOCUMENT # A04000000397** BRENTWOOD PARK APARTMENTS ASSOCIATES, LTD. Principal Place of Business Mailing Address 1300 BROAD ST 1300 BROAD ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 02012008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0851733 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERGUSON, RONNIE DO NOT WRITE 1300 BROAD ST JACKSONVILLE, FL 32202 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. GENERAL PARTNER INFORMATION U00000824904 P04000044513 DOCUMENT # 02/20/08-80095-025 500.00 NAME BRENTWOOD PARK GP, INC. STREET ADDRESS 1300 BROAD ST CITY-ST-ZIP JACKSONVILLE, FL 32202 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP 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 as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/08

Daytime Phone #