

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001542**

1. Entity Name  
**BRENNER INVESTMENT PROPERTIES I, LTD**



Principal Place of Business  
**1500 W. CYPRESS CREEK ROAD, SUITE 409**  
**FORT LAUDERDALE, FL 33309**

Mailing Address  
**1500 W. CYPRESS CREEK ROAD, SUITE 409**  
**FORT LAUDERDALE, FL 33309**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03142005 Chg-LP CR2E003 (10/03)

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number ☒ Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BRENNER, SCOTT**  
**1500 WEST CYPRESS CREEK ROAD, SUITE 409**  
**FORT LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

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 title if applicable.*

DATE

9. Capital Contributions  
 as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **1,000.00**

**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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **L04000070705**  
 NAME **BIB-GP, LLC**  
 STREET ADDRESS **1500 W CYPRESS CREEK ROAD**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

STREET ADDRESS **U000000274083**  
 CITY-ST-ZIP **03/23/05-80056-004 141.25**

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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 #

STAPLE CHECK HERE

3/17/05