## **12006 LIMITED PARTNERSHIP ANNUAL REPORT**

## May 06, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A04000002101 BROWN ASSET MANAGEMENT, LTD. Principal Place of Business Mailing Address PO BOX 550638 PO BOX 550638 FT LAUDERDALE, FL 33355 FT LAUDERDALE, FL 33355 04262006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2073520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 5. Name and Address of Current Registered Agent BROWN, GARY LESQ DO NOT WRITE 4000 HOLLYWOOD BLVD S 265 IN THIS SPACE HOLLYWOOD, FL 33021 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 appFcable UDDDDDD541879 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 05/10/06-80075-016 50D.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. GENERAL PARTNER INFORMATION 12. P04000172532 DOCUMENT# BROWN G.P., INC. NAME STREET ADDRESS PO BOX 550638 CITY - ST - ZIP FT LAUDERDALE, FL 33355 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT ₹ 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 ecourate 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 emporate the bis report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY ST - ZIP

> 6 AM L. BROWN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**