2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A04442 BROOKSVILLE HOMES LTD. Principal Place of Business Mailing Address 613 S. 12TH ST. P.O. BOX 492228 LEESBURG, FL 34748 LEESBURG, FL 34749 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent MAGALSKI, BARBARA A 613 S. 12TH ST. LEESBURG, FL 34748 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. DOCUMENT # NAME MAGALSKI, BARBARA A





02132007 No Chg-LP

CR2E003 (12/06) 4. FEI Number Applied For 59-2789086 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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the obligations of registered agent.	ereo agent. or both, in the State of Florida. I am familial with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.

GENERAL PARTNER INFORMATION STREET ADDRESS 613 S. 12TH ST. CITY-ST-ZIP LEESBURG, FL 34748 NAME STREET ADDRESS

U00000730909 05/08/07-80098-011 508.7\$

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

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14. I hereby certify that the information supplied with this filling 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: 💪

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER