FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A04949

BRICKYARD PROPERTIES, LTD.

FILED 99 FEB 16 AM 10: 37

SECRETARY OF STATE

				3. Date Formed or Registered	50.0	
Mailing Address		Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record	
P.O. BOX 12261 PENSACOLA FL 32581-2261		1972 BROYHILL LN	1972 Broyhill LN Pensacola fl 32526		\$19,200.00	
		PENONCOLA PL 32320				
				03/09/1998 4. State or Country of Formation	5b. Amor Contr	unt of Capital ibutions in FLORIDA
2. Malling Address		2a. Principal Office Address	2a. Principal Office Address		1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FL .		\$19,200.00
				6. FEI Number 59-1674455	Applied For Not Applicable	
City & State		City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee informa		
	9. Name and Address of Curr	ent Registered Agent	T	10, If changed, new Registered	AgentiOffice	
			Name			
	CLEMONS, MARVIN R 1972 BROYHILL LANE		Street Address (P	xddress (P.O. Box Number Is Not Acceptable) upt #, etc.		
	PENSACOLA FL 32526		Suite, Apt. #, etc.			
	- ·					
			City			Zip Code
40-		400400	<u> </u>		FL	<u> </u>
	Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of th	or registered agent, or both, in the State of Flor	ed limited partnership		ne State of Floric by accept the a	da, submits this statement
SIGNA	for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	or registered agent, or both, in the State of Flor ions of section 620.192, Florida Statutes.	ed limited partnership ida. Such change was	s authorized by its general partner(s). I here DATE ARTNERSHIP OR OTH	ne State of Florid by accept the a	da, submits this statement appointment of registered
SIGNA	for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	or registered agent, or both, in the State of Flor ions of section 620,192, Florida Statutes. IT IS A CORPORATION, IST BE REGISTERED AN	ed limited partnership ida. Such change was LIMITED PA	S authorized by its general partner(s). I here DATE ARTNERSHIP OR OTH WITH THIS OFFICE.	ne State of Florid by accept the a	da, submits this statement appointment of registered
SIGNA A	for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the control of the control of the control of the purpose of the p	or registered agent, or both, in the State of Flor ions of section 620.192, Florida Statutes. AT IS A CORPORATION, IST BE REGISTERED AN	LIMITED PAD ACTIVE I Partners) 11	DATE ARTNERSHIP OR OTH WITH THIS OFFICE. b. City, State & Zip Code	ER BUS	da, submits this statemen ppointment of registered INESS ENTIT Registration/ Document Number
SIGNA A	for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	or registered agent, or both, in the State of Florions of section 620.192. Florida Statutes. IT IS A CORPORATION, IST BE REGISTERED AN Address of Each Genera (Do NOT Use Post Office Bro	LIMITED PAND ACTIVE I Partners)	DATE ARTNERSHIP OR OTH WITH THIS OFFICE. b. City, State & Zip Code PENSACOLA FL BAGOAD FL	ER BUS 11c. 3/99 - 0	Ja, submits this statemen appointment of registered INESS ENTIT Registration/ Document Number 10431-4
SIGNA	for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	or registered agent, or both, in the State of Florions of section 620.192, Florida Statutes. AT IS A CORPORATION, IST BE REGISTERED AN Address of Each Genera 11a. (Do NOT Use Post Office Bo	LIMITED PAND ACTIVE I Partners)	DATE ARTNERSHIP OR OTH WITH THIS OFFICE. b. City. State & Zip Code PENSACOLA FL BAGOAD FL -02/23 CANTONMENT FL	ER BUS 11c. 3/99 - 0	da, submits this statement popointment of registered INESS ENTIT Registration/ Document Number
SIGNA	for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	or registered agent, or both, in the State of Florions of section 620.192, Florida Statutes. AT IS A CORPORATION, IST BE REGISTERED AN Address of Each Genera 11a. (DO NOT Use Post Office Both 1972 BROYHILL LANE 4350 GARCON POINT	LIMITED PAND ACTIVE I Partners)	DATE ARTNERSHIP OR OTH WITH THIS OFFICE. b. City, State & Zip Code PENSACOLA FL BAGOAD FL 02/23	ER BUS 11c. 3/99 - 0	Ja, submits this statemen popointment of registered INESS ENTIT Registration/ Document Number 1043-41

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Marvin R. Clemons Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number