

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 10:19

DOCUMENT # A04949 1. Entity Name BRICKYARD PROPERTIES, LTD.					
Principal Place of Business 1972 BROYHILL LN PENSACOLA, FL 32526			Mailing Address P.O. BOX 12261 PENSACOLA, FL 32591-2261		
2. Principal Place of Business 4350 GARCON POINT Suite, Apt. #, etc.		3. Mailing Address PO BOX 492 Suite, Apt. #, etc.			
City & State BAGDAD FL		City & State BAGDAD FL		4. FEI Number 59-1674455	
Zip 32530		Country SANTA ROSA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLEMONS, MARVIN R 1972 BROYHILL LANE PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name JOHN H. DAVIS Street Address (P.O. Box Number is Not Acceptable) 4350 GARCON POINT City BAGDAD FL Zip Code 32530		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 03/07/05	
9. Capital Contributions as Shown on record. \$19,200.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
	CLEMONS, MARVIN R		CITY-ST-ZIP		
	1972 BROYHILL LANE				
	PENSACOLA, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	DAVIS, JOHN H		CITY-ST-ZIP		
	4350 GARCON POINT ROAD				
	BAGDAD, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	MCLAUGHLIN, CHARLES H		CITY-ST-ZIP		
	1431 WISHBONE RD				
	CANTONMENT, FL				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE 03/07/05 <small>Daytime Phone #</small>	

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