

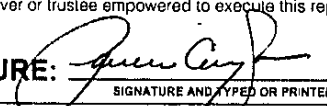


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # A04949 1. Entity Name BRICKYARD PROPERTIES, LTD.					
Principal Place of Business 4350 GARCON POINT BAGDAD, FL 32530			Mailing Address P.O. BOX 492 BAGDAD, FL 32530-0492		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05012007 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 59-1674455	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAVIS, JOHN H 4350 GARCON POINT BAGDAD, FL 32530			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 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 CITY-ST-ZIP	CLEMONS, MARVIN R 125 W ROMANA ST PENSACOLA, FL 32502		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, JOHN H 4350 GARCON POINT ROAD BAGDAD, FL		STREET ADDRESS CITY-ST-ZIP	U000000760486 05/25/07-80012-021 500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCLAUGHLIN, CHARLES H 1431 WISHBONE RD CANTONMENT, FL 32533		STREET ADDRESS CITY-ST-ZIP		
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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 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:  Paul M Campbell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			5/1/2007 <small>Date</small>		850 474-1536 <small>Daytime Phone #</small>

STAPLE CHECK HERE