## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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

BRIGKYARD PROPERTIES, LTD.    Principal Piscs of Business   Masking Address   Maskin	r	Duc Dy II	nay 1, 2001			_ &_	avátam	of Ctat
ASSG CARCON POINT   P.O. BOX 492   BACOMO, FL 32530-0492	1. Entity Name					Secretary of State		
ASSG CARCON POINT   P.O. BOX 492   BACOMO, FL 32530-0492	D-11					_		
SACIDAD, FL 32530   BAGDAD, FL 32530-0492   SACIDAD, FL 32530-0492   SACIDAD, FL 32530   SACIDAD, FL 32533   SACIDAD, FL 325	,							
2. Principal Picco of Business - No P.O. Box # 3. Mailing Address  S.Re. Aol. #, etc.  S. Salte Aol. #, etc.  S. S								
Suite, ABIL 4, etc.   Suite ADIL 4, etc.   Suite	סאטטאט, רנ	32330	DAGDAD, FL 323	30-0492				
Suite, ABIL 4, etc.   Suite ADIL 4, etc.   Suite	O Dring and F	Disease No. 00 Dec.	1.0 14-7			<u> </u>		
City & State  City & FL  City  City  City  FL  City  City  City  FL  City  City  FL  City  City  City  FL  City  City  FL  City  Cit	Principal Place of Business - No P.O. Box # 3. Mailing Address					3 1891017 1811 98177 81910 18111 81918 1877 81871 81917 81917 81917 81917 81917 81917		
City & State  City & State  Country  Zip  Country  Since Address of Status Desired  Since Address of New Registered Agent  Annue  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  City  Cit	Suite, Apt. #, etc. Suite, Apt. #, etc.					05012007 Chg-LP	CR2E003 (1	2/06)
September   Sept	City & Star	ta	City & State				01122000 (1	
E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name  DAVIS, JOHN H 4350 GARCON POINT BAGDAD, FL 32530  8. The above named entity submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and activities a company of registered agent.  8. The above named entity submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and activities a company of registered agent.  8. The above named entity submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and activities a company of registered agent.  8. The Address of registered agent.  8. The Address of P.O. Box Number is Not Acceptable)  DAVI  8. The Address of New Registered Agent.  8. The above named entity submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and activities agent a	City & Sta	City & State				1		Not Applicable
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  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 Fiorida. I am familier with, and active of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of the purpose of the purpose of registered agent, or both in the State of Fiorida. I am familier with, and active of the purpose of the purpo	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired		5 Additional
DAVIS, JOHN H 4350 GARCON POINT BAGDAD, FL 32530  8. The above named entity submits this statument for the purpose of changing its registered office or registered agent, or both in the State of Forice. Tem familier with, and accident in the State of Forice and agent.  ***  *** ** ** ** ** ** ** ** ** ** *		6 Name and Address of Curren	at Registered Agent		7		ree h	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code  City		o. Hanne and Address of Cuffer	r valiarara väeur		Name	r. Name and Address of New Registered Agent		
ETTHE above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and active private named inguistred agent.    SIGNATURE   DATE					Street Address	ddroes /P.O. Roy Number is Not Acceptable)		
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 familier with, and active of registered agent.    SIGNATURE					Shoot Address	(1.0. DOX NOTIDE 13 NOT ACCEPTED.	~ <i>1</i>	
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 familier with, and active of registered agent.    SIGNATURE						MATERIAL STATE OF THE STATE OF		
SIGNATURE    SIGNATURE   DATE					City		FL   <sup>z</sup>	ip Code
A GENERAL PARTNER THAT IS A BUSINESS ENTER THA	1		nt and bile if applicable				DATE	
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT I NAME SIRRET ADDRESS CITY-SI-2IP PENSACOLA, FL 32502  DOCUMENT I NAME ADDRESS CHANGES ONLY  CITY-SI-2IP PENSACOLA, FL 32502  DOCUMENT I NAME ADDRESS CHANGES ONLY  CITY-SI-2IP CITY-SI-2IP DOCUMENT I NAME ADDRESS CHANGES ONLY  CITY-SI-2IP CITY-SI-2IP DOCUMENT I NAME ADDRESS CITY-SI-2IP ADDRESS CITY-SI-2IP CANTONMENT, FL 32533  CITY-SI-2IP COCUMENT I NAME SIRRET ADDRESS CITY-SI-2IP COCUMENT I COCUMENT I NAME SIRRET ADDRESS CITY-SI-2IP COCUMENT I CO		After May 1,	2007, Fee will be S	\$900.00	UST BE REGIS	TERED AND ACTIVE WITH TH	IS OFFICE.	
DOCUMENT / NAME   CLEMONS, MARVIN R   125 W ROMANA ST   PENSACOLA, FL 32502   CITY-SI-ZIP		NOTE: General Partners M	AY NOT be changed	on the form	ı; an amendme	nt must be filed to change a ge	eneral partner.	
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DOCUMENT   NAME   DAVIS, JOHN H   STREET ADDRESS   U00000760486		CLEMONS, MARVIN R		STRI	ET ADDRESS			
DOCUMENT   PENSACOLA, FL 32502	STREET ADDRESS	125 W ROMANA ST		CITY	01 710			
NAML STREET ADDRESS CITY-ST-ZIP BAGDAD, FL  MCLAUGHLIN, CHARLES H STREET ADDRESS CITY-ST-ZIP CANTONMENT J NAME STREET ADDRESS CITY-ST-ZIP COCUMENT J NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	PENSACOLA, FL 32502		GIIT	-51-23"			
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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 informal 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 partners or the receiver or fusite employed to execute this report as required by Chapter 50. Florida Statutes.	14. I hereby o	certify that the information supplied w	ith this filing does not qua	alify for the ex	emptions contains	ed in Chapter 119, Florida Statutes. I	further certify the	at the information