

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # A04949 1. Entity Name BRICKYARD PROPERTIES, LTD.	
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Principal Place of Business 4350 GARCON POINT BAGDAD, FL 32530	Mailing Address P.O. BOX 492 BAGDAD, FL 32530-0492
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1674455	Applied For Not Applicable
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
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DO NOT WRITE IN THIS SPACE

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 *John H. Davis* 04/21/08
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000917755
 05/13/08-80056-010 500.00

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CLEMONS, MARVIN R 125 W ROMANA ST PENSACOLA, FL 32502
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, JOHN H 4350 GARCON POINT ROAD BAGDAD, FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MCLAUGHLIN, CHARLES H 1431 WISHBONE RD CANTONMENT, FL 32533
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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: John H. Davis *John H. Davis* 04/21/08 (850) 623-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE