

**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.**



Principal Place of Business  
**4350 GARCON POINT  
BAGDAD, FL 32530**

Mailing Address  
**P.O. BOX 492  
BAGDAD, FL 32530-0492**



04182008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1674455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DAVIS, JOHN H  
4350 GARCON POINT  
BAGDAD, FL 32530**

**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*  
Signature, typed or printed name of registered agent and title if applicable

**04/21/08**  
DATE

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

**U000008917755**  
**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  
**CLEMONS, MARVIN R**  
STREET ADDRESS  
**125 W ROMANA ST**  
CITY - ST - ZIP  
**PENSACOLA, FL 32502**

DOCUMENT #

NAME  
**DAVIS, JOHN H**  
STREET ADDRESS  
**4350 GARCON POINT ROAD**  
CITY - ST - ZIP  
**BAGDAD, FL**

DOCUMENT #

NAME  
**MCLAUGHLIN, CHARLES H**  
STREET ADDRESS  
**1431 WISHBONE RD**  
CITY - ST - ZIP  
**CANTONMENT, FL 32533**

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**04/21/08**  
Date

**(850) 623-5390**  
Daytime Phone #