2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000953

1. Entity Name
BRAVESTAR INVESTMENTS, LTD.

SECRETARY OF STATE DIVISION OF CORPORATIONS
06 FEB 24 AM 10: 03

Principal Place of Business	Mailing Address
11356 HARLAN DRIVE JACKSONVILLE, FL 32218	11356 HARLAN DRIVE JACKSONVILLE, FL 32218

02082006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1250283 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRURY, MARK A 11356 HARLAN DRIVE JACKSONVILLE, FL 32218	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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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 #	P05000065268	STREET ADDRESS	
NAME	VICTORY VISION, INC.		
STREET ADDRESS	11356 HARLAN DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		
DOCUMENT #		STREET ADDRESS	000067295860
NAME			03/07/06--01015--019 **508.75
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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: [signature] Mark A. Drury 2/16/06 904-757-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #