

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001938

1. Entity Name
BROOKSHEA LIMITED PARTNERSHIP




| | |
|--|--|
| Principal Place of Business 4001 SANTA BARBARA BLVD. SUITE # 206 NAPLES, FL 34104 | Mailing Address 4001 SANTA BARBARA BLVD. SUITE # 206 NAPLES, FL 34104 |
|--|--|

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

FILED

06 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02082006 Chg-LP CR2E003 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20 36 94116 | 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

EULER, FRANCES K
 4001 SANTA BARBARA BLVD.
 SUITE # 206
 NAPLES, FL 34104

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 _____
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 | |
|---------------------------------|-----------------------------------|
| DOCUMENT # | F05000005804 |
| NAME | ERIKASKY CORPORATION |
| STREET ADDRESS | 4001 SANTA BARBARA BLVD. STE. 206 |
| CITY-ST-ZIP | NAPLES, FL 34104 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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: *Frances K Euler* **4/27/06** **239 262 5207**

Date Daytime Phone #

STAPLE CHECK HERE