

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000001539		
1. Entity Name BROOKRIDGE, LP		

Principal Place of Business 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216	Mailing Address 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 JUN -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302007 Chg-LP CR2E003 (12/06)

4. FEI Number 36-4334918	Applied For ☐ Not Applicable
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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	
MCNAMARA, THOMAS P 2907 BAY TO BAY BLVD., SUITE 201 TAMPA, FL 33629		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.

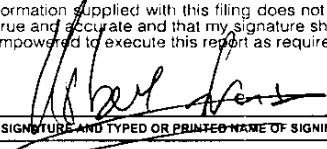
FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	L06000121214	STREET ADDRESS	800104218918
NAME	BROOKRIDGE GP, LLC	CITY-ST-ZIP	06/11/07--01032--022 **500.00
STREET ADDRESS	6900 SOUTHPOINT DRIVE NORTH, SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **ROBERT FRANSEN** 04/30/07 (403) 506-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #