

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUN 21 AM 11:04

DOCUMENT # A12278	
1. Entity Name BRIARWOOD PARK, LTD.	

Principal Place of Business 10100 SANTA MONICA BLVD. SUITE 2400 LOS ANGELES, CA 90067	Mailing Address 10100 SANTA MONICA BLVD. SUITE 2400 LOS ANGELES, CA 90067
--	--



04112006 No Chg-LP CR2E003 (11/05)

4. FEI Number 95-3561620	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	-----------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOHNSON, SCOTT J HOLLAND & KNIGHT, LLP 200 SOUTH ORANGE AVE., STE. 2600 ORLANDO, FL 32901

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

**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 #	F94000000427
NAME	FORTUNE TRAVEL OF OREGON, INC.
STREET ADDRESS	10100 SANTA MONICA BLVD., STE. 2400
CITY-ST-ZIP	LOS ANGELES, CA
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3000076752073
06/30/06--01010--024 **500.00

**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

Michael S. Thesman
SIGNATURE: Michael S. Thesman, Sec., Fortune Travel Gen. Partner 4/17/06 (310)551-0841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #