2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 08, 2004 08:00 AM Secretary of State

	DOCUMENT # A14810 1. Entity Name BROJO, A LIMITED PARTNERSHIP				>				.11	Secret	ary of State		
	Principal Place of Business 500 ARCH STREET ATTN: TAX DEPT. WILLAMSPORT, PA 17705				Mailing Address 500 ARCH STREET ATTN: TAX DEPT. WILLAMSPORT, PA 17705								
	2. Principal Pl	Principal Place of Business			3. Mailing Address								
		Suite, Aft #, etc			Suite, Apt. #, etc.				01302004	Chg-LP	CR2E003 (10/03)		
	CNy & State			City & State				4. FEI Number 23-2257		Applied For Not Applicable			
	Zip	Zip Gountry			Zip Coun			itry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Curren				t Regis	stered Agent		Name	7. Name and	Address of New R	egistered Agent		
	THE PRENTICE-HALL CORPORATION 1201 HAYS ST STE 105 TALLAHASSEE, FL 32301				SYSTEM, INC.				(P.O. Box Number	r is Not Acceptable	9)		
	IALLAHAS	TALLAMASSEE, FL 32301						City		····	Zip Code		
	 The above named entity submits this statement for the purpose of changing its re the obligations of registered agent. 						s register	! ed office or regist	ered agent, or both	, in the State of Fic	- - ;		
	SIGNATURE Signature, typed or printed name of registered agen				nt and tide i	ë applicatile,					DATE		
	Cepital Contributions as Shown on record. \$85,000.00				 Amount of Capital Contributions in FLORIDA to date. 			butions					
	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!	DOCUMENT / 856940			ER INIFC	HMAHON	13.	TET ADDRESS		ADDRESS CH	ANGES ONLY		
	NAME STREET ADDRESS CITY-ST-ZIP	NUBRO, II 500 ARCH WILLIAMS		\checkmark				-51-289		! ኒሶንፒብን፤	Panacina Centracina		
	DOCUMENT / NAME				•		STRI	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·	03/17/04) 0090092 1-80003-003 526.25		
	STREET ACORESS CITY-ST-ZIP			Ì			CBA	-S7-ZIP					
	DOCUMENT / NAME						STRE	ET ADDRESS					
	STREET ADDRESS CATY-ST-ZIP						CRTY	-ST-ZIP					
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	STREET ADDRESS CITY-ST-ZIP						CHY	-S1-ZIP					
	DOCUMENT # NAME		,				STRE	ET ADDRESS		- " "			
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STAPLE CHECK	DOCUMENT # NAME						STRE	ET ADORESS					
	STREET ADDRESS CITY-ST-ZIP						1	-ST · 7%P					
	14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 520, Florida Statutes **Richard L. Dill, Trea Surer of SIGNATURE: 270-326-246/ **SIGNATURE: 570-326-246/												
	SIGNAT	URE: _	D-	12	a	N	,	Nubro Inc,	a General	Parther	570-326-2461		