


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A25171		
1. Entity Name BREWTON LTD.		

FILED

04 APR 29 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY FL 32669	Mailing Address 20721 S.W. 46TH AVE. NEWBERRY FL 32669
--	--

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 59-2838483	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent	
DAVIS, RONNIE C 20721 S.W. 46TH AVE. NEWBERRY FL 32669	

7. Name and Address of New Registered Agent	
Name	Susan Adams
Street	Hallmark Group Services of Florida, LLC
	4040 Newberry Road, Suite 1000
City	Gainesville, FL 32607

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 *Susan Adams* DATE 3/29/04

9. Capital Contributions as Shown on record.	\$219,696.00	10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	--------------	---	--	--

**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 #	Norita V. Davis	STREET ADDRESS	
NAME	20721 SW 46 th Avenue	CITY-ST-ZIP	
STREET ADDRESS	Newberry, Florida 32669		
CITY-ST-ZIP			
DOCUMENT #	AMENDMENT FILED 4/26/04	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stefan Davis* DATE 4/12/04 (352) 472-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE