

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

F.L.L.C.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 25 AM 11:02

DOCUMENT # A25171 1. Entity Name BREWTON LTD.			
Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY, FL 32069		Mailing Address 20721 S.W. 46TH AVE. NEWBERRY, FL 32069	
2. Principal Place of Business 3111 PACES MILL RD Suite, Apt. #, etc. SUITE A250 City & State ATLANTA, GA Zip 30339 Country COBB		3. Mailing Address 3111 PACES MILL RD Suite, Apt. #, etc. SUITE A250 City & State ATLANTA, GA Zip 30339 Country COBB	
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 ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA LLC 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$219,696.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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 # NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, NORITA V 20721 S.W. 46TH AVE. NEWBERRY, FL	STREET ADDRESS CITY-ST-ZIP	
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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: <u>Susan Adams</u>		<u>7/13/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE