

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A31439**

1. Entity Name  
**BRIARWOOD GARDEN APARTMENTS, LTD.**



Principal Place of Business  
**460 HARRISON AVENUE  
PANAMA CITY, FL 32401**

Mailing Address  
**C/O FLORIDA MANAGEMENT ASSOCIATES, INC.  
P.O. DRAWER 610  
MONTICELLO, FL 32344-0610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-1996876**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FAIRCLOTH, CHARELS E.  
460 HARRISON AVENUE  
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date if applicable

DATE

9. Capital Contributions  
as Shown on record. **\$300.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **S21659**  
NAME **BRIARWOOD GDN APTS. CORP**  
STREET ADDRESS **460 HARRISON AVENUE**  
CITY-ST-ZIP **PANAMA CITY, FL 32401**

STREET ADDRESS

CITY-ST-ZIP

**U000000115009**

**04/16/04-80007-004 150.00**

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with the form 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:**

**CHARLES FAIRCLOTH**

**4-6-04**

**350-785-2449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE