## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A31439		
1. Entity Name BRIARWOOD GARDEN APARTMENTS, LTD.		OS MAR LED
PANAMA CITY, FL 32401 P.O. DRAWE	MANAGEMENT ASSOCIATES, INC.	TALEGIAS SECONS AND BY SERVICE AND B
2. Principal Place of Business 3. Mailing Add	ress	·
Suite, Apt. #, etc. Suite, Apt. #	, etc.	02172005 Chg-LP CR2E003 (10/03)
City & State City & State	V //	4. FEI Number Applied For 59-1996876 Not Applicable
Zip Country Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
FAIRCLOTH, CHARELS E.	Name	
460 HARRISON AVENUE PANAMA CITY, FL 32401	Street Addres	s (P.O. Box Number is Not Acceptable)
	City	FL Zip Code
The above named entity submits this statement for the purpose of c	hanging its registered office or regis	tered 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 little 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	STREET ADDRESS	
STREET ADDRESS 460 HARRISON AVENUE CITY-ST-ZIP PANAMA CITY, FL 32401	CITY-SI-ZIP	<u> </u>
DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP	CITY-ST-ZIP	00004000000
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DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-SI-ZIP	
14. I hereby certify that the information supplied with this fill g 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:  SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  D		