2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

HERE

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT #A31439 08 MAY - 1 AM 10: 42 BRIARWOOD GARDEN APARTMENTS, LTD. Principal Place of Business Mailing Address 460 HARRISON AVENUE C/O FLORIDA MANAGEMENT ASSOCIATES, INC. PANAMA CITY, FL 32401 P.O. DRAWER 610 MONTICELLO, FL 32344-0610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04232008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-1996876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FAIRCLOTH, CHARELS E. 460 HARRISON AVENUE PANAMA CITY, FL 32401 City 8. The above named entity submits this systement 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. printed name of registered agent and title if appl FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. S21659 DOCUMENT # STREET ADDRESS BRIARWOOD GDN APTS, CORP NAME STREET ADDRESS **460 HARRISON AVENUE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32401 DOCUMENT # STREET ADDRESS NAME 000128298340 STREET ADDRESS CITY-ST-ZIP 05/02/08--01006--009 **508.75 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SF-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with His filling does not qualify for the exemptions contained in Chapter 119, 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: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED