

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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001266**

**1. Entity Name**

**BRAASCH INVESTMENTS, LTD.**



**Principal Place of Business**

**2727 HIGHWAY A1A NO. 201  
INDIALANTIC FL 32903**

**Mailing Address**

**2727 HIGHWAY A1A NO. 201  
INDIALANTIC FL 32903**

**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**

**59-3206201**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

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**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRAASCH, VIRGINIA H  
2727 HIGHWAY A1A NO. 201  
INDIALANTIC FL 32903**

**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 title if applicable

DATE

**9. Capital Contributions  
as Shown on record.**

**\$3,960,000.00**

**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 #**  
**NAME** BRAASCH, VIRGINIA H  
**STREET ADDRESS** 2727 HIGHWAY A1A NO. 201  
**CITY - ST - ZIP** INDIALANTIC FL 32903

**STREET ADDRESS**  
**CITY - ST - ZIP**

U000000159980  
05/13/04-80003-010 526.25

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**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** *Virginia H Braasch, the*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #