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2005 LIMITED PARTNERSHIP ANNUAL REPORT May 05, 2005 08:00 AM

	Secretary of State							
DOCUMENT  1. Entity Name		1400			•	Secre	tary or	State
BRANDYWINE PL	AZA, LTD.							
Principal Place of Business	· · · · · · · · · · · · · · · · · · ·	Malling Address						
731 VASSAR STREET		731 VASSAR STŘEET						
ORLANDO, FL 32804		ORLANDO, FL 32804			I IFFIFFI (MET (A	FFTT WINST WWIIT WWEIII WWG	11 <b>6 1</b> 011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	wie wwite wwitwel ht (ww)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182005	Chg-LP	CR2E003	(10/03)
City & State		City & State			4. FEI Number 59-3272			Applied Fo
Zip Country		Zip			<u> </u>	f Status Desired	Fee Fee	.75 Additional Required
6. Name	and Address of Curren	t Registered Agent		Name	7. Name and A	Address of New F	Registered Age	nt
DEMETREE, PAUL A								
731 VASSAŘ STREET ORLANDO, FL 32804			Street Address		P.O. Box Number	is Not Acceptabl	e)	
				City	r∎ Zip Code			
				}	ce or registered agent, or both, in the State of Florida. I am familiar with, and acc			
the obligations of regist	y submits this statement i ered agent.	for the purpose or changing its	register	ed onice or register	ed agent, or bour	i, in the State of F	Oncial (am icui	miar will, and the
SIGNATURE Signalure, typed	or printed name of registered ager	nt and title if applicable.				,	DATE	<del>-</del>
9. Capital Contributions as Shown on record.	\$396,000.00	10. Amount of Capita in FLORIDA to d		butions				
A (	RENERAL PARTNER General Partners M	THAT IS A BUSINESS EN AY NOT be changed on t	ITITY M	IUST BE REGIST	TERED AND A	CTIVE WITH Ti i to change a g	is OFFICE. Jeneral partn	er.
12. GENERAL PARTNER INFORMATION			13.			ADDRESS CH	IANGES ONLY	
DOCUMENT # P94000075945  NAME BRANDYWINE PLAZA, INC.			STR	REET ADDRESS				
1	SAR STREET O, FL 32804	<u></u>	CITY	Y-51-ZIP				· · · · · ·
DOCUMENT # NAME			STR	REET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			CITY	Y-ST-ZIP		U0000 - 05/05/0 <u>1</u>	)10361468 5-80075-1	007 52 <b>6.2</b> 5
DOCUMENT # NAME			STR	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				· · · · · · · · · · · · · · · · · · ·
DOCUMENT # NAME			STR	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP				
NAME			STF	reet address				
STREET ADDRESS CITY-ST-ZIP	<u> </u>		CIT	TY-ST-ZIP				
DOCUMENT I  NAME  STREET ADDRESS			STE	REET ADDRESS		· <u></u>		
CITY-SI-ZIP		11. 12. 11. 11. 11. 11. 11. 11. 11. 11.		TY-ST-ZIP	2	N. Florido Statutos	I further certifi	u that the informat
indicated on this reputhe receiver or truste	ort is true and accurate a e empowered to execute	with this filling does not qualify found that my signature shall have this report as required by Cha	e the san	ne legal ellect as il I, Florida Statutes	made under oath	, ular alli a Qene	stat Fattlet Ott	ie limited partners