



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JAN 18 AM 9:54

DOCUMENT # A94000001882 1. Entity Name BRINKLEY FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 3100 LAUDER PLACE TALLAHASSEE, FL 32312			Mailing Address 3100 LAUDER PLACE TALLAHASSEE, FL 32312		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01112005 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3287757		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LAUDER, WILMA B 3100 LAUDER PLACE TALLAHASSEE, FL 32312	
7. Name and Address of New Registered Agent Name: <u>Wilma B. Lauder</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
9. Capital Contributions as Shown on record. \$1,188,450.45		10. Amount of Capital Contributions in FLORIDA to date.			
<p align="center">A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p> <p align="center">NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000094296 BRINKLEY FAMILY CORPORATION, INC. 3100 LAUDER PLACE TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	500045551455 01/28/05--01009--020 **526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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: <u>Wilma B. Lauder Pres. 1-15-05</u> 850/893-2321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE