


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A94000001882</b><br>1. Entity Name<br>BRINKLEY FAMILY PARTNERSHIP, LTD. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3100 LAUDER PLACE<br>TALLAHASSEE, FL 32312 | Mailing Address<br>3100 LAUDER PLACE<br>TALLAHASSEE, FL 32312 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LP CR2E003 (12/06)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3287757                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>LAUDER, WILMA B<br>3100 LAUDER PLACE<br>TALLAHASSEE, FL 32312 |
|--|

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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.**

| 12. GENERAL PARTNER INFORMATION |                                   |
|---------------------------------|-----------------------------------|
| DOCUMENT #                      | P94000084296                      |
| NAME                            | BRINKLEY FAMILY CORPORATION, INC. |
| STREET ADDRESS                  | 3100 LAUDER PLACE                 |
| CITY-ST-ZIP                     | TALLAHASSEE, FL 32312             |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |

U000000581445  
01/10/07-80088-004 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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:** Wilma B. Lauder 1-9-07 850/893-2324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #