#### 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

#### **DOCUMENT # A95000001353**

BRENTWOOD FARMS LIMITED PARTNERSHIP



**FILED** Apr 05, 2006 08:00 AM Secretary of State

Principal Place of Business

2476 N. ESSEX AVE. HERNANDO, FL 34442 Maliing Address

2476 N. ESSEX AVE. HERNANDO, FL 34442



03162006 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (11/05)

4. FEI Number 65-0605705

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D ESQ. 2476 N ESSEX AVENUE HERNANDO, FL 34442

### DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statemen	nt for the purpose of changing i	its registered office or r	egistered 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 epolicable

HIDUUH492965 <del>04/19/86 U08QQ 023 586.08</del>

# FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	V36387
MAME	486 PROPERTIES, INC.
STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442
DOCUMENT	
NAME	
STREET ADDRESS	
CITY-ST-ZiP	
DOCUMENT #	
NAME	
STREET ADDRESS	
City-St-Zip	
DOCUMENT #	
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STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT (	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this 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 500, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

Daytime Phone #