

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

DOCUMENT # A96000000716

1. Entity Name  
BRYAN FAMILY PARTNERSHIP, LTD.



FILED

04 JUL 12 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
234 CENTRAL AVENUE  
UMATILLA, FL 32784

Mailing Address  
POST OFFICE BOX 1925  
EUSTIS, FL 32727-1925

2. Principal Place of Business

3. Mailing Address

P.O. Box 2290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-LP

CR2E003 (10/03)

7/12

City & State

City & State

Umatilla, FL

4. FEI Number

59-3372101

Applied For

Not Applicable

Zip

Country

Zip

Country

32784

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, G. RUSSELL  
234 CENTRAL AVENUE  
UMATILLA, FL 32784

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.

\$1,250,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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  
STREET ADDRESS  
CITY-ST-ZIP  
BRYAN, PAUL W TRUSTEE  
234 CENTRAL AVENUE  
UMATILLA, FL 32784

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BRYAN, G. RUSSELL  
234 CENTRAL AVENUE  
UMATILLA, FL 32784

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/8/07

352-669-2571

STAPLE CHECK HERE