## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: 1

## FILED Apr 05, 2004 08:00 AM Secretary of State

DOCUMENT # A9600001593  1. Entity Name THE BRALY-TOWNSEND FAMILY PARTNERSHIP, LTD.					Secretary of State	
Principal Place of Business         Mailing Address           4332 44TH STREET SOUTH         4332 44TH STREET SO           ST PETERSBURG, FL 33711         ST PETERSBURG, FL 33711					-	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #, etc.		Suite, Apt. #, etc.			03182084 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-0694358 Not Applicable	
Zìp	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
TOWNSEND, ROGER G JR. 4332 44TH STREET SOUTH				Street Address (P.O. Box Number is Not Acceptable)		
ST PETERSBURG, FL 33711						
				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 lamiliar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or criminal make of segretered agent and the if applicable  DATE						
9. Capital Contributions as Shown on record. \$101,682.00 In FLORIDA to date \$101,682.00						
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M	UST BE REGIST	TERED 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 / Hame	TOWNSEND, ROGER G JR.			ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	4332 44TH STREET SOUTH ST PETERSBURG, FL 33711		. CITY	-ST-ZIP	000000111197 04/13/04-80006-016-526-25	
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STREET ADDRESS CITY-ST-ZIP				-57-ZiP		
14. I hereby certify that the information supplied with this filling 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.						