

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 25, 2005 8:00 A.M.**  
**Secretary of State**

|   |                         |                     |  |   |  |
|---|-------------------------|---------------------|--|---|--|
| <b>DOCUMENT # A96000001593</b><br>1. Entity Name<br>THE BRALY-TOWNSEND FAMILY PARTNERSHIP, LTD.   |                         |                     |  |   |  |
| Principal Place of Business<br>4332 44TH STREET SOUTH<br>ST PETERSBURG, FL 33711  |                         |                     | Mailing Address<br>4332 44TH STREET SOUTH<br>ST PETERSBURG, FL 33711 |   |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc. |  |   |  |
| City & State  |                         | City & State        |  | 4. FEI Number<br><b>65-0694358</b>  |  |
| Zip   |                         | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>TOWNSEND, ROGER G JR.<br>4332 44TH STREET SOUTH<br>ST PETERSBURG, FL 33711   |                         |                     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                         |                     |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$101,682.00</b>  |                         |                     | 10. Amount of Capital Contributions in FLORIDA to date.              |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                         |                     |  |   |  |
| 12. GENERAL PARTNER INFORMATION   |                         |                     | 13. ADDRESS CHANGES ONLY   |   |  |
| DOCUMENT #  | NAME                    |                     | STREET ADDRESS   |   |  |
| NAME  | TOWNSEND, ROGER G JR.   |                     | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | 4332 44TH STREET SOUTH  |                     |  |   |  |
| CITY-ST-ZIP   | ST PETERSBURG, FL 33711 |                     |  |   |  |
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| CITY-ST-ZIP   |                         |                     |  |   |  |
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| NAME  |                         |                     | 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: <i>Roger G Townsend Jr</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                         |                     | 3-24-5 7278673605<br><small>Date Daytime Phone #</small>             |   |  |

STAPLE CHECK HERE