

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 30 AM 8:36

<b>DOCUMENT # A97000000096</b>	
1. Entity Name BRITTANY ASSOCIATES, LTD.	
Principal Place of Business 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS, FL 33908	Mailing Address 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS, FL 33908
2. Principal Place of Business 9001 DANIELS PARKWAY	3. Mailing Address 9001 DANIELS PARKWAY
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33912	Country



02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0719079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

9. Capital Contributions as Shown on record. \$1.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	P97000002283 PARKER-BRITTANY, INC. 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS, FL 33908	STREET ADDRESS CITY-ST-ZIP	9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100032281361 04/09/04--01061--008 **141.25
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STAPLE CHECK HERE

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 #

*DAVID KENZNER* 3/22/04 239-481-5040