

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000000096

1. Entity Name
BRITTANY ASSOCIATES, LTD.



Principal Place of Business
**9001 DANIELS PARKWAY
 STE. 200
 FT. MYERS, FL 33912**

Mailing Address
**9001 DANIELS PARKWAY
 STE. 200
 FT. MYERS, FL 33912**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012008 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0719079

Applied For
 Not Applicable

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

**ANDREW SERVICE CORPORATION OF FLORIDA
 201 N. FRANKLIN STREET, SUITE 2100
 TAMPA, FL 33602**

Name **STEPHEN J. MITCHELL**

Street Address (P.O. Box Number is Not Acceptable)

201 N. FRANKLIN STREET, SUITE 2100

City **TAMPA**

FL

Zip Code **33602**

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.

Stephen J. Mitchell

4/2/08

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000002283**
 NAME **PARKER-BRITTANY, INC.**
 STREET ADDRESS **9001 DANIELS PARKWAY, STE. 200**
 CITY-ST-ZIP **FT. MYERS, FL 33912**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 620, Florida Statutes

SIGNATURE:

Elaine M. Stultz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/08

239.481.5040 x 206

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

08 JUL 17 AM 11:22

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

