2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000145

1. Entity Name
BHER FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1523 EDGER PLACE SARASOTA, FL 34240	1523 EDGER PLACE SARASOTA, FL 34240

01092004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0729947 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, EDWARD
1523 EDGER PLACE
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

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 $1,097,600.00

10. Amount of Capital Contributions in FLORIDA to date

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 #	P94000057402	STREET ADDRESS	
NAME	EBR LAND CO.		
STREET ADDRESS	1523 EDGER PLACE	CITY-ST-ZIP	U00000161670 ~~05/27/04--00005--010--526.25~~
CITY-ST-ZIP	SARASOTA, FL 34240		
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	

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: Betty Rosenthal 4/5/4 941-377-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #