

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001517

FILED  
Apr 06, 2005  
Secretary of State

**Entity Name:** THE BRAT FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

27714 LAKE JEM RD.  
MT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

27714 LAKE JEM RD.  
MT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-3460316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LYBRAND, BRUCE E  
27714 LAKE JEM RD.  
MT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 28,000.00

**Amount of Capital Contributions in Florida to date:** 28,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: LYBRAND, BRUCE E

Address: 27714 LAKE JEM RD.

City-St-Zip: MT DORA, FL 32757

Document #:

Name: LYBRAND, PATRICIA E

Address: 27714 LAKE JEM RD.

City-St-Zip: MT DORA, FL 32757

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUCE E. LYBRAND

PART

04/06/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date