

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A98000000560

1. Entity Name
BRISBEN FLORIDA I LIMITED PARTNERSHIP



FILED

04 AUG 26 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1415 OLIVE ST., STE. 310
ST LOUIS, MO 63103**

Mailing Address
**1415 OLIVE ST., STE. 310
ST LOUIS, MO 63103**

2. Principal Place of Business
1415 Olive Street

3. Mailing Address
1415 Olive Street

Suite, Apt. #, etc.
Suite 310

Suite, Apt. #, etc.
Suite 310

City & State
St. Louis, MO

City & State
St. Louis, MO

Zip Country
63103

Zip Country
63103

08132004 Chg-LP CR2E003 (10/03)

4. FEI Number
58-2376094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. **\$6,665,298.00**

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # **M03000001380**
NAME **MBS GP 22, L.L.C.**
STREET ADDRESS **1415 OLIVE ST., STE. 310**
CITY-ST-ZIP **ST LOUIS, MO 63103**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
600041036116
09/15/04--01022--007 **526.25

DOCUMENT #
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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

MBS GP 22, L.L.C.; By: MUDCO 4, Inc. Member
By: Hillary B. Zimmerman, V.P.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/16/2004

314-621-3400

Date

Daytime Phone #