2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001330

1. Entity Name
BROOKWOOD COMMERCIAL ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134	201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134

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

01232004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0847766 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDSTONE, ROBERT R
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: $5,000.00

10. Amount of Capital Contributions in FLORIDA to date: $5,000.00

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 #	L01000007599	STREET ADDRESS	
NAME	KINGS BROOKWOOD REALTY, LLC		
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 601	CITY ST ZIP	
CITY ST ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	U00000138347
NAME			
STREET ADDRESS		CITY ST ZIP	04/29/04-80078-002 141.25
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
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

SIGNATURE: Ronald R. Fieldstone for Kings Brookwood Realty, LLC — 4/07/04 — 305-357-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE