


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # A98000001367 1. Entity Name THE BRKA LIMITED PARTNERSHIP	
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Principal Place of Business 2600 SOUTH OCEAN BLVD. UNIT 508-S PALM BEACH FL 33480	Mailing Address 2600 SOUTH OCEAN BLVD. UNIT 508-S PALM BEACH FL 33480
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent CARROLL, WILLIAM C ONE NORTH CLEMATIS STREET SUITE 400 PALM BEACH FL 33401	
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4. FEI Number 65-0843686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P98000049006	STREET ADDRESS	
NAME	BRKA, INC.	CITY-ST-ZIP	
STREET ADDRESS	2600 SOUTH OCEAN BLVD., UNIT 508-S		
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	U00000145962
NAME		CITY-ST-ZIP	05/03/04-80045-019 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:  **9/21/04 561-5856715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #