


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

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001780</b> 1. Entity Name <b>BRODIE FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>123 EUFALA STREET GULF BREEZE FL 32561</b>			Mailing Address <b>123 EUFALA STREET GULF BREEZE FL 32561</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>59-3523410</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>BRODIE, JOHN SCOTT 123 EUFALA STREET GULF BREEZE FL 32561</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$798,776.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>BRODIE, STEVEN G 532 FAIRPOINT DRIVE GULF BREEZE FL 32561</b>		STREET ADDRESS CITY - ST - ZIP	<b>1100000120513 04/20/04-80012-025 526.25</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>BRODIE, EDITH ANN 125 SHORELINE DRIVE GULF BREEZE FL 32561</b>		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>ARNOLD, SUSAN B 305 SHORELINE DRIVE GULF BREEZE FL 32561</b>		STREET ADDRESS CITY - ST - ZIP		
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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.					
<b>SIGNATURE:</b> <i>STEVEN G. Brodie</i>			<i>Steve G. Brodie</i> <b>4/12/4</b> <b>(850)932-0106</b>		

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