

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A98000001780</b>	
1. Entity Name <b>BRODIE FAMILY LIMITED PARTNERSHIP</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 20 AM 10:25



Principal Place of Business 123 EUFALA STREET GULF BREEZE FL 32561		Mailing Address 123 EUFALA STREET GULF BREEZE FL 32561	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3523410</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BRODIE, JOHN SCOTT 123 EUFALA STREET GULF BREEZE FL 32561</b>	
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7. Name and Address of New Registered Agent	
Name <b>STEVEN Brodie Family Limited Partnership</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>532 Fairpoint Dr.</b>	
City <b>Gulf Breeze</b>	FL Zip Code <b>32561</b>

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 *Steven G. Brodie* DATE 7/17/05  
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. <b>\$798,776.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>885,105</b>
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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 #		STREET ADDRESS	
NAME	<b>BRODIE, STEVEN G</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>532 FAIRPOINT DRIVE</b>		
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>BRODIE, EDITH ANN</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>125 SHORELINE DRIVE</b>		
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>ARNOLD, SUSAN B</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>305 SHORELINE DRIVE</b>		
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

SIGNATURE: *Steven G. Brodie* *Steven G. Brodie* 7/17/05 (850) 932-0106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE