

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 28, 2006 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRODIE, STEVEN G          532 FAIRPOINT DR.          GULF BREEZE, FL 32561</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 date if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>BRODIE, STEVEN G</b>		CITY-ST- ZIP		
STREET ADDRESS	<b>532 FAIRPOINT DRIVE</b>		CITY-ST- ZIP		
CITY-ST- ZIP	<b>GULF BREEZE, FL 32561</b>		CITY-ST- ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>BRODIE, EDITH ANN</b>		CITY-ST- ZIP		
STREET ADDRESS	<b>125 SHORELINE DRIVE</b>		CITY-ST- ZIP		
CITY-ST- ZIP	<b>GULF BREEZE, FL 32561</b>		CITY-ST- ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>ARNOLD, SUSAN B</b>		CITY-ST- ZIP		
STREET ADDRESS	<b>305 SHORELINE DRIVE</b>		CITY-ST- ZIP		
CITY-ST- ZIP	<b>GULF BREEZE, FL 32561</b>		CITY-ST- ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST- ZIP		
CITY-ST- ZIP			CITY-ST- ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			4/25/06 850-932-0106 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>		



04252006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-3523410**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRODIE, STEVEN G  
 532 FAIRPOINT DR.  
 GULF BREEZE, FL 32561**

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.

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Signature, typed or printed name of registered agent and date if applicable

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12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST- ZIP
	<b>BRODIE, STEVEN G</b>	<b>532 FAIRPOINT DRIVE</b>	<b>GULF BREEZE, FL 32561</b>
	<b>BRODIE, EDITH ANN</b>	<b>125 SHORELINE DRIVE</b>	<b>GULF BREEZE, FL 32561</b>
	<b>ARNOLD, SUSAN B</b>	<b>305 SHORELINE DRIVE</b>	<b>GULF BREEZE, FL 32561</b>

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST- ZIP

000000544361  
 05/11/06-80057-017 500.00

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SIGNATURE: \_\_\_\_\_ 4/25/06 850-932-0106  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE