FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A98000002179

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership: BREWINGHAM DEVELOPERS, LTD.

99-AR CM

1a. DOCUMENT # A98000002179

Mailing Address: P.O. Box 3547, Tallahassee, FL 32315-3547

Principal Office Address: Suite 201, The Walker Bldg, 547 N Monroe St, Tallahassee, FL 32301

2. Mailing Address
Suite, Apt #, etc. (SEE Above)
City & State
Zip Country U.S.A.

2a. Principal Office Address
Suite, Apt #, etc. (SEE Above)
City & State
Zip Country USA.

3. Date Formed or Registered: 9-16-98

3a. Date of Last Report: 9-16-98

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on Record: $ 9,200.00

5b. Amount of Capital Contributions in FLORIDA: (SAME) $ 9,200.00

6. FEI Number
☑ Applied For
☐ Not Applicable

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

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

James R. Brewster
Suite 203, The Walker Bldg
547 N. Monroe ST
Tallahassee, FL 32301

10. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc.
City FL Zip Code
(No Change)

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

N/A (No change)

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
TimberCreek of North Pensacola, L.C.	Suite 201, 547 North Monroe St, Tallahassee, FL 32301	(See 11a)	L98000001877

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: TimberCreek of North Pensacola, L.C. By: [signature] Its: Member

DATE: 12/08/98

Typed or Printed Name of General Partner Signing Form: TimberCreek of North Pensacola L.C.

Daytime Telephone Number: 850-561-1037

CR2E003 (8/98)