


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

DOCUMENT # A98000002179 1. Entity Name BREWINGHAM DEVELOPERS, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 9:58

Principal Place of Business THE WALKER BLDG., SUITE 201 547 N. MONROE ST. TALLAHASSEE FL 32301	Mailing Address P.O. BOX 3547 TALLAHASSEE FL 32315-3547
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3536113	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BREWSTER, JAMES R ATTY. 547 NORTH MONROE STREET, SUITE 203 TALLAHASSEE FL 32301

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.	\$9,200.00	10. Amount of Capital Contributions in FLORIDA to date.
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11: FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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	
DOCUMENT #	L98000001877
NAME	TIMBERCREEK OF NORTH PENSACOLA, L.C.
STREET ADDRESS	547 N. MONROE ST., SUITE 201
CITY-ST-ZIP	TALLAHASSEE FL 32301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

100047978321
03/09/05--01003--018 ***158.75

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: <i>Timbercreek of North Pensacola, L.C.</i> <i>By: [Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	2/25/05 Date	880-222-3975 Daytime Phone #
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STAPLE CHECK HERE