2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 DOCUMENT # A98000002629

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SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Entity Name THE BROWNSTONE FAMILY LIMITED PARTNERSHIP					ı	05	MAR 23	AH 9:47	
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l '	Principal Place of Business . Mailing Address		•••						
		11820 QUAIL VILLAGE WAY NAPLES, FL 34119			BIEL (8(1) 88(# 88(1) 88(1)		#		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192005	Chg-LP	CR2E003	3 (10/03)	
City & State		City & State			4. FEI Number 59-3543	938		Applied For Not Applicable	
Zip	Country	Zip	Country			f Status Desired		3.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GARELLEK, STEVEN			÷	Name					
700 S. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432				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 Signature, typed or printed name of registered agent and title if applicable.									
9. Capital Contributions as Shown on record. \$4,000,000.00 In FLORIDA to date. 3. 455.070									
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 / P9800098901				EET ADORESS		ADDRESS CHA	INGES ONLT		
NAME BROWNSTONE G.P. INC. STREET ADDRESS 11820 QUAIL VILLAGE WAY				r-st-zip					
DOCUMENT # NAPLES,	FL 34119		-	EET AODRESS		<u>,</u>			
NAME STREET ADDRESS CITY-ST-ZIP				/-ST-ZIP		00494	1472	68	
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STRENT ADDRESS CITY - 31 - ZIP			CITY	/-ST-ZIP			***************************************		
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: M.L. BROWNSTONE 3/19/05 239 593 1930 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Proce 4									