#### 2008 LIMITED PARTNERSHIP NNUAL REPORT Due By May 1, 2508

#### **DOCUMENT # A99000000629**

1. Entity Name

WILLIAM AND AGNES BROWN FAMILY, LTD.



Principal Place of Business

1920 N.W. 23RD STREET GAINESVILLE, FL 32605

Mailing Address

1920 N.W. 23RD STREET GAINESVILLE, FL 32605

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ECRETARY OF STATE



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\_01032008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3573555 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLDEN, CHARLES I JR. 2772-S N.W. 43RD STREET GAINESVILLE, FL 32606

DOCUMENT #

DOCUMENT # NAME STREET ADDRESS

CITY-ST-7IP DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

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		·
<ol><li>The above named entity subm the obligations of registered a</li></ol>		r · · Jistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		<b></b>
	name of registered agent and title if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
	AL PARTNER THAT IS A BUSINESS ENTITY MUST BE ral Partners MAY NOT be changed on the form; an am	
40	PRICE AL GARTNER INCORNATION	

12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P99000009984	
NAME :	WILLIAM AND AGNES BROWN FAMILY CORP	
STREET ADDRESS	1920 N.W. 23RD STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**400115147064** 01/15/08--01014--009 \*\*500.00

# N. CAUSSEAUX

JAN 1 1 2008

EXAMINER

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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