2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A99000000783

1. Entity Name
BRYAN RANCH LIMITED PARTNERSHIP

FILED
2004 AUG 16 PM 4:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O GLENN E. BRYAN, PRESIDENT 5505 SANDLAKE ROAD MELBOURNE, FL 32934	C/O GLENN E. BRYAN, PRESIDENT 5505 SANDLAKE ROAD MELBOURNE, FL 32934

07082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
4255 N. US HWY 1	4255 N. US HWY 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: MELBOURNE, FL
Zip: 32935 Country	Zip: 32935 Country

4. FEI Number: 59-3717474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRYAN, GLENN E JR. 5505 SANDLAKE ROAD MELBOURNE, FL 32934	Name Street Address (P.O. Box Number is Not Acceptable): 4255 N. US HWY 1 City: MELBOURNE, FL FL Zip Code: 32935

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.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$639,540.00		

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 #	P96000082757	STREET ADDRESS	4255 N US Hwy 1
NAME	WHITEHOUSE ANTIQUES & ARMS, INC.	CITY-ST-ZIP	Melbourne, Fl 32935
STREET ADDRESS	5505 SANDLAKE ROAD		
CITY-ST-ZIP	MELBOURNE, FL 32934		
[redacted]		STREET ADDRESS	
		CITY-ST-ZIP	
			600040579686
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Glenn E Bryan 7/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #