



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 10:50

DOCUMENT # A99000001633 1. Entity Name J & C BRADY, LTD.								
Principal Place of Business 19157 LAKE AUDABON DR. TAMPA, FL 33647			Mailing Address 19157 LAKE AUDABON DR. TAMPA, FL 33647					
2. Principal Place of Business 5214 Fairway One Dr. Suite, Apt. #, etc.		3. Mailing Address 5214 Fairway One Dr. Suite, Apt. #, etc.						
City & State Valrico, FL		City & State Valrico, FL		4. FEI Number 65-0960957				
Zip 33594		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BRADY, JOHN W 19157 LAKE AUDABON DR. TAMPA, FL 33647				7. Name and Address of New Registered Agent Name John W. Brady Street Address (P.O. Box Number is Not Acceptable) 5214 Fairway One Dr. City Valrico FL Zip Code 33594				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>								
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00								
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 #	P99000081356		STREET ADDRESS	5214 Fairway One Dr.				
NAME	J & C BRADY, INC.		CITY-ST-ZIP	Valrico, FL 33594				
STREET ADDRESS	19157 LAKE AUDABON DR.		400068094424 03/20/06--01016--003 **500.00					
CITY-ST-ZIP	TAMPA, FL 33647							
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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

SIGNATURE: John W Brady **JOHN W BRADY** 813-643-6363 3/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE