



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # B00000000157 1. Entity Name BRENTWOOD PLACE, L.P.					
Principal Place of Business 3301 WEST END AVENUE, SUITE 200 NASHVILLE, TN 37203			Mailing Address 3301 WEST END AVENUE, SUITE 200 NASHVILLE, TN 37203		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03192004 Chg-LP CR2E003 (10/03)				4. FEI Number 62-1820101	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARTER, JOHN 3105 BAY OAKS CT TAMPA, FL 33629			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$4,260,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	M00000000948		STREET ADDRESS		
NAME	BRENTWOOD/TAMPA, L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	3301 WEST END AVENUE, SUITE 200				
CITY - ST - ZIP	NASHVILLE, TN 37203				
DOCUMENT #			STREET ADDRESS	U000000145899	
NAME			CITY - ST - ZIP	05/03/04-80045-005 526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>C. Tim Hunter, member-mgr. of GP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/13/04 <small>Date</small>		615.279.9200 <small>Daytime Phone #</small>

STAPLE CHECK HERE