

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B01000000325	
1. Entity Name THE BREHM SECOND FAMILY LIMITED PARTNERSHIP	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 9:32

Principal Place of Business 630 SOUTHWIND CIRCLE NORTH PALM BEACH, FL 33408	Mailing Address PO BOX 14031 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02182005 Chg-LP CR2E003 (10/03)

4. FEI Number 88-0284542	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
BREHM, ROBERT 630 SOUTHWIND CIRCLE NORTH PALM BEACH, FL 33408	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	BREHM, ROBERT	STREET ADDRESS	
NAME	630 SOUTHWIND CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	NORTH PALM BEACH, FL 33408		
CITY-ST-ZIP			
DOCUMENT #	BREHM, E. MARIE	STREET ADDRESS	
NAME	630 SOUTHWIND CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	NORTH PALM BEACH, FL 33408		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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03/01/05--01013--024 **158.75

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: Robert Brehm **ROBERT BREHM** 2-18-2005 811-844-1519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #