

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # B01000000325**

1. Entity Name  
**THE BREHM SECOND FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**630 SOUTHWIND CIRCLE  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**PO BOX 14031  
NORTH PALM BEACH, FL 33408**



02032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**88-0284542**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$800.00**

**000000701299  
04/20/07-80041-021 500.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BREHM, ROBERT  
630 SOUTHWIND CIRCLE  
NORTH PALM BEACH, FL 33408**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BREHM, E. MARIE  
630 SOUTHWIND CIRCLE  
NORTH PALM BEACH, FL 33408**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE: Robert S Brehm** **APRIL 9, 2007** **561-254-6670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE