

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B93000000303		
1. Entity Name BRIARWOOD MOBILE HOME PARK ASSOCIATES, LIMITED PARTNERSHIP		

Principal Place of Business
8522 GOLFSIDE DR.
COMMERCE, MI 48382

Mailing Address
8522 GOLFSIDE DR.
COMMERCE, MI 48382

2. Principal Place of Business BRIARWOOD M.H. PARK Suite, Apt. #, etc. 4002 SMITH RYALS RD.	3. Mailing Address Suite, Apt. #, etc. 4002 SMITH RYALS RD.
City & State PLANT CITY, FL	City & State
Zip 33567	Country HILLSBOROUGH

03252004 Chg-LP CR2E003 (10/03)

4. FEI Number 38-3113457	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 FOREMAN, MARGARET 4002 SMITH RYALS RD., LOT 45 PLANT CITY, FL 33567	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. Capital Contributions as Shown on record. **\$272,000.00** 10. Amount of Capital Contributions in FLORIDA to date **272,000.00**

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. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	13. GENERAL PARTNER INFORMATION P34614 D.R.S. REALTY, CO. 8522 GOLFSIDE DR. COMMERCE, MI 48382	14. ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-ZIP
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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)(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: *Betty J. Schenk* **BETTY J. SCHENK** **4-10-04 (248)363-6111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE