


**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
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2. Principal Place of Business BRIARWOOD MOBILE HOME PARK Suite, Apt. #, etc. LOT 45 4002 SMITH RYALS RD City & State PLANT CITY, FL Zip 33567 Country HILLSBOROUGH	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03252004 Chg-LP CR2E003 (10/03)

4. FEI Number 38-3113457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	

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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P34614 D.R.S. REALTY, CO. 8522 GOLFSIDE DR. COMMERCE, MI 48382	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 4-12-04 (248) 363-6111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE