

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # B93000000303

1. Entity Name
**BRIARWOOD MOBILE HOME PARK ASSOCIATES,
LIMITED PARTNERSHIP**



Principal Place of Business
**BRIARWOOD M.H. PARK
4002 SMITH RYALS RD., LOT #45
PLANT CITY, FL 33567**

Mailing Address
**BRIARWOOD M.H. PARK
4002 SMITH RYALS RD., LOT #45
PLANT CITY, FL 33567**



03172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
38-3113457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOREMAN, MARGARET
4002 SMITH RYALS RD., LOT 45
PLANT CITY, FL 33567**

**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, 2006, Fee will be \$900.00**

**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 # **P34614**
NAME **D.R.S. REALTY, CO.**
STREET ADDRESS **8522 GOLFSIDE DR.**
CITY-ST-ZIP **COMMERCE, MI 48382**

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000000518835
05/02/06-80016-019 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: Betty L. Schenk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-17-06 248-368-6111
Date Daytime Phone #