


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

CK9111
4/30/07
FILED
Apr 30, 2007 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
---	---

DO NOT WRITE IN THIS SPACE



04262007 No Chg-LP CR2E003 (12/06)

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
--

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
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	

U00000746762
05/16/07-80080-025 500.00

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: Betty Schunk 4/20/07 214-363-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE