

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 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**



04252008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**38-3113457**

Applied For

Not Applicable

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**

**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, 2008, 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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U00000930874  
05/21/08-80125-022-500.00

**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 Schenk* **Betty Schenk**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/25/08 248-363-611**