

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B93000000417

1. Entity Name
BRMC, LIMITED PARTNERSHIP



2004 APR 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**380 LEXINGTON AVE
NEW YORK, NY 10168**

Mailing Address
**% TED MARCH-BRRC
501 E. CAMINO REAL
BOCA RATON, FL 33432**

2. Principal Place of Business

3. Mailing Address
PO BOX 5025

Suite, Apt. #, etc.

Suite, Apt. #, etc.
CORPORATE OFFICE

01262004

Chg-LP

CR2E003 (10/03)

City & State

City & State
BOCA RATON, FL

4. FEI Number

13-3711311

Applied For

Not Applicable

Zip

Country

Zip

33431

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301**

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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 # **F93000004369**
NAME **BRMC, INC.**
STREET ADDRESS **380 LEXINGTON AVE**
CITY-ST-ZIP **NEW YORK, NY 10168**

STREET ADDRESS

CITY-ST-ZIP

600035801356

05/10/04--01039--006 **141.25

DOCUMENT #
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CITY-ST-ZIP

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: MaryJo Finocchiaro

MaryJo Finocchiaro 4/16/04

561-447-5302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #