


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B94000000027</b>			
<b>1. Entity Name</b> THE BROWN - GLANDER FAMILY LIMITED PARTNERSHIP			
<b>Principal Place of Business</b> 13 BELMEADE DR. BLUFFTON SC 29910		<b>Mailing Address</b> BROWN GLANDER LTD. 13 BELMEADE DR BLUFFTON SC 29910	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  FERGUSON, WILLIAM S 26 WILDWOOD TRAIL ORMOND BEACH FL 32174		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>9. Capital Contributions</b> as Shown on record. \$330,082.40		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	F94000000470	STREET ADDRESS	000000069197
NAME	JRS PROPERTIES, INC. ✓	CITY-ST-ZIP	02/28/04-88002-808 526.25
STREET ADDRESS	13 BELMEADE DR.		
CITY-ST-ZIP	BLUFFTON SC 29910		
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MOORE CR2E003 (11/03)

**4. FEI Number** 31-1406327 ☐ Applied For  
Not Applicable

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

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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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:** *Diane L. Brown, President of JRS Properties* 2/15/04 918/ *843-757-*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

\* STAPLE CHECK HERE \*