2027 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # B98000000069

1. Entity Name

THE BREEN FAMILY LIMITED PARTNERSHIP



Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business 3524 FAIR OAKS LANE LONGBOAT KEY, FL 34228

Mailing Address 3960 MERRICK RD. SEAFORD, NY 11783



02252007 No Chg-LP

CR2E003 (12/06)

FILED

58-2260831	ļ	Not Applicable
5. Certificate of Status Desired	\$8.75 A	

6. Name and Address of Current Registered Agent

BREEN, JAMES J 3524 FAIR OAKS LANE LONGBOAT KEY, FL 34228 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, 2007, Fee will be \$900.00		U00000664492 03/22/07-80046-019-500.00			
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 # NAME STREET ADDRESS CITY ST ZIP	BREEN, JAMES J 3524 FAIR OAKS LANE LONGBOAT KEY, FL 34228				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BREEN, JOAN F 3524 FAIR OAKS LANE LONGBOAT KEY, FL 34228				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		16 1B	NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		Property of IN	THIS SPACE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			Constitution of the consti		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify		119 Flouris Statutes. I further certify that the information		

4. I nereby certify that the information supplied with this illing 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:

Of Breen JAMES J. BREEN

March 7,2007 941-387-3380