2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED Apr 18, 2005 08:00 AM Secretary of State

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1. Entity Nan	MENT # A0400000 00 BRICK <u>EL</u> L CONDO, LTI			Secretary of State
Principal Plac	ce of Business	Mailing Address		
2828 CORAL WAY, PENTHOUSE SUITE 28		2828 CORAL WAY, PEN MIAMI, FL 33145	nthouse suite	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc		02102005 Chg-LP CR2E003 (10/03)
City & Sta		City & State		4. FEI Number 32 782 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
HERNANDEZ, ANGEL			Traile	
2828 CORAL WAY, PENTHOUSE SUITE			Street Address	s (P.O. Box Number is Not Acceptable)
MIAMI, FL	. 33145			
			City	FL Zip Code
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE Sprature, typed or printed name of registered agent and like it applicable DATE				
9. Capital Co as Shown	on record. \$99.90	10. Amount of Capita in FLORIDA to do		
,	A GENERAL PARTNER	THAT IS A BUSINESS EN	ITITY MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.
10		MAY NOT be changed on the ER INFORMATION		ent must be filed to change a general partner.
12. DOCUMENT #	P04000053633	ER INFORMATION	13	ADDRESS CHANGES ONLY
NAME	TRG-500 BRICKELL CONDO,	INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	2828 CORAL WAY, PENTHOU MIAMI, FL 33145		CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	HOOGOO19094
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	W00000313524 04/18/05-80130-007 150.00
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS	,		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wi on this report is true and accurate an er or trustee empowered to execute t	ith this filling does not qualify for of that my signature shall have t his report as required by Chent	CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes I further certify that the information made under oath, that I am a General Partner of the limited partnership or IDEZ