


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

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A10272			
1. Entity Name BROKS CENTER, LIMITED			
Principal Place of Business 48 E. FLAGLER STREET, PH-105 MIAMI FL 33131		Mailing Address 48 E. FLAGLER STREET, PH-105 MIAMI FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARBIN, EVAN R 48 E. FLAGLER SR., PH 104 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
4. FEI Number 59-2092899		Applied For <input type="checkbox"/> Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$150,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.			
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 #	G9328890003	STREET ADDRESS	
NAME	DOWNTOWN REALTY INVEST.	CITY-ST-ZIP	
STREET ADDRESS	48 E. FLAGLER ST., PH-105		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	000000162048
NAME	EGOZI, LUIS	CITY-ST-ZIP	06/03/04-80006-010 526.25
STREET ADDRESS	217 E. RIVO ALTO DRIVE		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #	A9500000853	STREET ADDRESS	
NAME	EGOZI FAMILY PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	4575 SABAL PALM ROAD		
CITY-ST-ZIP	MIAMI FL 33137		
DOCUMENT #	GINZBURG, SAUL	STREET ADDRESS	
NAME	7901 BISCAYNE POINT CIR.	CITY-ST-ZIP	
STREET ADDRESS	MIAMI BEACH FL 33141		
CITY-ST-ZIP			
DOCUMENT #	GINZBURG, MARIO	STREET ADDRESS	
NAME	20605 N.E. 22ND PLACE	CITY-ST-ZIP	
STREET ADDRESS	N. MIAMI BEACH FL 33180		
CITY-ST-ZIP			
DOCUMENT #	GARAZI, ISSAC	STREET ADDRESS	
NAME	2025 N.E. 197TH STREET	CITY-ST-ZIP	
STREET ADDRESS	N. MIAMI BEACH FL 33179		
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: _____		6/10/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>



MOORE CR2E003 (11/03)

STAPLE CHECK HERE