

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 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**



01122006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2092899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARBIN, EVAN R
48 E. FLAGLER SR., PH 104
MIAMI, FL 33131**

**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.

1000000538208
05/09/06-20054-1005 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # **G93288900003**
NAME **DOWNTOWN REALTY INVEST.**
STREET ADDRESS **48 E. FLAGLER ST., PH-105**
CITY-ST-ZIP **MIAMI, FL 33131**

DOCUMENT #
NAME **EGOZI, LUIS**
STREET ADDRESS **217 E. RIVO ALTO DRIVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

DOCUMENT # **A95000000853**
NAME **EGOZI FAMILY PARTNERSHIP**
STREET ADDRESS **4575 SABAL PALM ROAD**
CITY-ST-ZIP **MIAMI, FL 33137**

DOCUMENT #
NAME **GINZBURG, SAUL**
STREET ADDRESS **7901 BISCAYNE POINT CIR.**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

DOCUMENT #
NAME **GINZBURG, MARIO**
STREET ADDRESS **20605 N.E. 22ND PLACE**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33180**

DOCUMENT #
NAME **GARAZI, ISSAC**
STREET ADDRESS **2025 N.E. 19TH STREET**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

4/6/06 305-377-1492

STAPLE CHECK HERE