


**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	
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Principal Place of Business 48 E. FLAGLER STREET, PH-105 MIAMI, FL 33131	Mailing Address 48 E. FLAGLER STREET, PH-105 MIAMI, FL 33131
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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
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	1100000538208 05/09/06-20054-105 500.00 DATE
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	G93288900003 DOWNTOWN REALTY INVEST. 48 E. FLAGLER ST., PH-105 MIAMI, FL 33131
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EGOZI, LUIS 217 E. RIVO ALTO DRIVE MIAMI BEACH, FL 33139
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A95000000853 EGOZI FAMILY PARTNERSHIP 4575 SABAL PALM ROAD MIAMI, FL 33137
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GINZBURG, SAUL 7901 BISCAYNE POINT CIR. MIAMI BEACH, FL 33141
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GINZBURG, MARIO 20605 N.E. 22ND PLACE N. MIAMI BEACH, FL 33180
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GARAZI, ISSAC 2025 N.E. 197TH STREET 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: 	4/26/06 305-377-4924
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone</small>

STAPLE CHECK HERE