


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A10272</b>	
1. Entity Name <b>BROKS CENTER, LIMITED</b>	

Principal Place of Business <b>48 E. FLAGLER STREET, PH-105 MIAMI FL 33131</b>	Mailing Address <b>48 E. FLAGLER STREET, PH-105 MIAMI FL 33131</b>
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number <b>59-2092899</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>
<b>MARBIN, EVAN R 48 E. FLAGLER SR., PH 104 MIAMI FL 33131</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900.\*\*\* Make check payable to Florida Department of State.**

**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. 197TH STREET
CITY-ST-ZIP	N. MIAMI BEACH FL 33179

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000000727253 05/04/07-80040-005 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **4/17/07 305.377-4980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Zip Daytime Phone #

STAPLE CHECK HERE