## ... 2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

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BIGNATURE AND TYPED OR PAY

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A96000002190 1. Entity Name BLUMBERG/BRICKELL, LTD. 05 JUN 23 AM 8: 35 Principal Place of Business Mailing Address % AMERICAN VENTURES CORPORATION % AMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 04222005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0716246 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARCIA AGNES Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and use if applicable. DATE 10. Amount of Capital Contributions Capital Contributions as Shown on record. \$453,500.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT ! L00000002055 STREET ADDRESS BRICKELL, LLC. NAME STREET ADDRESS 255 ALHAMBRA CIRCLE, STE 1100 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **700056707597** 06/23/05--01058--006 \*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CUY-SI-ZIP CITY-ST-ZIP .4 DOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 14. I hereby certify that the information supplied with this filling does by 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 stonature 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 reported by Chapter 220, Plorida Statutes Sold Member & Mgr., AVRI Trust, Managing Gen. Partner, 1401 Brickell, LLC General Partney PF-I, Ltd. SIGNATURE Lumberg, Authorized Mer

PARTNER