2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002085

1. Entity Name

BRICKELL MAIN STREET, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 21 PM 1:29

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133	2665 S. BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133-5402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1501 Collins Avenue	1501 Collins Avenue
Suite, Apt. #, etc.: Third Floor	Suite, Apt. #, etc.: Third Floor
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country:	Zip: 33139 Country:

4. FEI Number 65-0838779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRICKELL WALK MANAGEMENT, L.C. 2665 S. BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133	Name: Brickell Main Street Management, L.C. Street Address (P.O. Box Number is Not Acceptable): 1501 Collins Avenue Third Floor City: Miami Beach FL Zip Code: 33139

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
10,125,000.00	$2,000,000	

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 #	A97000002083	STREET ADDRESS	1501 Collins Avenue, Third Floor
NAME	BRICKELL WALK MANAGEMENT, LTD.	CITY-ST-ZIP	Miami Beach, FL 33139
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 302		
CITY-ST-ZIP	COCONUT GROVE FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600003317306--7
NAME		CITY-ST-ZIP	-07/10/00--01021--012
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (6/96)