## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

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STAPLE CHECK

## **FILED** May 06, 2004 08:00 AM Secretary of State DOCUMENT # A97000002085 1. Entity Name BRICKELL MAIN STREET, LLLP Principal Place of Business Mailing Address 1501 COLLINS AVENUE 1501 COLLINS AVENUE THIRD FLOOR THIRD FLOOR MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite. Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0838779 Not Applicable Ζıp Country Ζιp 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 Name JOHN C. SUMBERG, P.A. 200 SOUTH BISCAYNE BOULEVARD, SUITE 2500 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 City 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 SIGNATURE Signature typed or printed name or registered agent and trifle it approaches 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$23,200,000,00 in FLORIDA to date as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY DOCUMENT # A97000002083 STREET ADDRESS BRICKELL MAIN STREET MANAGEMENT, LTD. NAME 1501 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139 U00000159943 <del>05/13/04-80001-008-526.25</del> SOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP BOCUMENT # 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 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CiTY+ST-7IP 14. Thereby 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

JEAN MARL MEUNIER 4/20/04 305-538-0735
OF SIGNING GENERAL PARTNER
Date Destring Proce # SIGNATURE: