FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 PM 1:40

1. Name of Limited Partnership

BROKS CENTER, LIMITED

1a. DOCUMENT # **A10272**

97-AR CM

Mailing Address	Principal Office Address
48 E. FLAGLER STREET, PH-105 MIAMI FL 33131	48 E. FLAGLER STREET, PH-105 MIAMI FL 33131

3. Date Formed or Registered: **03/25/1981**

3a. Date of Last Report: **06/11/1996**

4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on record: **$150,000.00**

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number: **59-2092899** ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
MANUEL DINER, P.A. 141 N.E. 3RD AVENUE, SUITE 601 MIAMI FL 33132	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

000019514451
-09/19/96--01023--022
****576.25 ****576.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
DOWNTOWN REALTY INVEST.	48 E. FLAGLER ST., PH	MIAMI FL 33131	G93288900003
EGOZI, LUIS	217 E. RIVO ALTO DRIV	MIAMI BEACH FL 33139	
EGOZI FAMILY PARNTERSHIP	4575 SABAL PALM ROAD	MIAMI FL 33137	A95000000853
GINZBURG, SAUL	7901 BISCAYNE POINT C	MIAMI BEACH FL 33141	
GINZBURG, MARIO	20605 N.E. 22ND PLACE	N. MIAMI BEACH FL 331	
GARAZI, ISSAC	2025 N.E. 197TH STREE	N. MIAMI BEACH FL 331	

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE N. Ginzburg G.P. Downtown Realty Inv. DATE 9/11/96

Typed or Printed Name of General Partner Signing Form NATAN GINZBURG, G. PARTNER Daytime Telephone Number _____