


**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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2092899</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARBIN, EVAN R 48 E. FLAGLER SR., PH 104 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G93288900003	STREET ADDRESS	
NAME	DOWNTOWN REALTY INVEST.	CITY - ST - ZIP	000000727253 05/04/07-80040-005 500.00
STREET ADDRESS	48 E. FLAGLER ST., PH-105		
CITY - ST - ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME	EGOZI, LUIS	CITY - ST - ZIP	
STREET ADDRESS	217 E. RIVO ALTO DRIVE		
CITY - ST - ZIP	MIAMI BEACH FL 33139		
DOCUMENT #	A95000000853	STREET ADDRESS	
NAME	EGOZI FAMILY PARTNERSHIP	CITY - ST - ZIP	
STREET ADDRESS	4575 SABAL PALM ROAD		
CITY - ST - ZIP	MIAMI FL 33137		
DOCUMENT #		STREET ADDRESS	
NAME	GINZBURG, SAUL	CITY - ST - ZIP	
STREET ADDRESS	7901 BISCAYNE POINT CIR.		
CITY - ST - ZIP	MIAMI BEACH FL 33141		
DOCUMENT #		STREET ADDRESS	
NAME	GINZBURG, MARIO	CITY - ST - ZIP	
STREET ADDRESS	20605 N.E. 22ND PLACE		
CITY - ST - ZIP	N. MIAMI BEACH FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME	GARAZI, ISSAC	CITY - ST - ZIP	
STREET ADDRESS	2025 N.E. 197TH STREET		
CITY - ST - ZIP	N. MIAMI BEACH FL 33179		
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: _____		4/17/07 301.377-4980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1st MOORE CR2E003 (10/06)

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