# 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
## DUE BY MAY 1, 2008

**FILED**
**May 01, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # A10272

1. Entity Name

BROKS CENTER, LIMITED

| Principal Place of Business | Mailing Address |
|---|---|
| 48 E. FLAGLER STREET, PH-105<br>MIAMI FL 33131 | 48 E. FLAGLER STREET, PH-105<br>MIAMI FL 33131 |

1st MOORE CR2E003 (10/07)

| 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 59-2092899 ☐ 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 |
|---|---|
| MARBIN, EVAN R<br>48 E. FLAGLER SR., PH 104<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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

**FILE NOW!!! Fee is $500. *** After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

**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 # | G93288900003 | STREET ADDRESS | |
| NAME | DOWNTOWN REALTY INVEST. | CITY-ST-ZIP | |
| STREET ADDRESS | 48 E. FLAGLER ST., PH-105 | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | |
| DOCUMENT # | | STREET ADDRESS | U00000938504<br>05/27/08-80090-022 500.00 |
| 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 PARNTERSHIP | 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 | | |

STAPLE CHECK HERE

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:** Sergio Rok 4/24/08 3053772921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #