

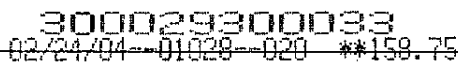
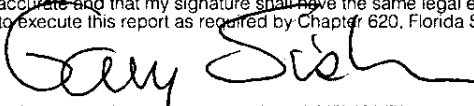


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A01000001022				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB -9 PM 1:52	
1. Entity Name 1101 BRICKELL PLAZA, LTD.		Principal Place of Business 1000 NW 15TH DR MIAMI FL 33169		Mailing Address 2600 DOUGLAS RD., STE. 901 CORAL GABLES FL 33134	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		 MOORE CR2E003 (11/03)	
4. FEI Number 59-2022680		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SISLER, GARY 2600 DOUGLAS ROAD, SUITE 901 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE 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		13. ADDRESS CHANGES ONLY			
DOCUMENT #	SISLER, GARY 2600 DOUGLAS ROAD, SUITE 901 CORAL GABLES FL 33134	STREET ADDRESS			
NAME					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME					
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE