

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR -7 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001022

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
1000 NW 15TH DR

3. Mailing Address
2600 Douglas Rd

Suite, Apt. #, etc.
Suite, Apt. #, etc. 901

City & State
Miami FL

City & State
Coral Gables FL

Zip
33154

Country

Zip
33134

Country

04052005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2022680

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. 10,000

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 #		STREET ADDRESS	
NAME	SISLER, GARY	CITY-ST-ZIP	
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 901		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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 4/5/05

Daytime Phone # 305 448-1212

STAPLE CHECK HERE