

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership BRICKELL AND CO., LTD.		1a. DOCUMENT # A05430	
Mailing Address 7601 S.W. LOST RIVER ROAD STUART FL 34997		Principal Office Address 7601 S.W. LOST RIVER ROAD STUART FL 34997	
2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered 12/29/1976	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 12/26/1995	
City & State	City & State	4. State or Country of Formation FL	
Zip	Country	5a. Capital Contributions as Shown on record. \$200.00	
		5b. Amount of Capital Contributions in FLORIDA to date: \$ 200.00	
		6. FEI Number 59-1801620	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	



12/17

9. Name and Address of Current Registered Agent TABOR, MARTIN A. 7601 S.W. LOST RIVER ROAD STUART FL 34997		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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) TABOR, MARTIN A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7320 S.W. 146 TERRACE	11b. City, State & Zip Code MIAMI FL	11c. Registration/Document Number 800002032078--6 -12/18/96--01024--011 *****200.00 *****200.00
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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

Martin A. Tabor

DATE

12/14/96

Typed or Printed Name of General Partner Signing Form

Martin A. Tabor G.P.

Daytime Telephone Number

(561) 220-0909

CR2E003 (6/96)