

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -5 PM 2:52

1. Name of Limited Partnership BRICKELL AND CO., LTD.		1a. DOCUMENT # A05430	
Mailing Address 8525 NW 53RD TERRACE, SUITE 206 MIAMI FL 33166	Principal Office Address 8525 NW 53RD TERRACE, SUITE 206 MIAMI FL 33166	3. Date Formed or Registered 12/29/1976	5a. Capital Contributions as Shown on record. \$200.00
2. Mailing Address 10451 NW 33 Street		3a. Date of Last Report 12/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2a. Principal Office Address 10451 NW 33 Street		4. State or Country of Formation FL	
City & State Miami, FL	City & State Miami, FL	6. FEI Number 59-1801620	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33172	Country	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)



01/21

9. Name and Address of Current Registered Agent TABOR, MARTIN A. 8525 NW 53RD TERRACE, SUITE 206 MIAMI FL 33166	10. If changed, new Registered Agent/Office Name Tabor, Martin A. Street Address (P.O. Box Number Is Not Acceptable) 10451 NW 33 Street Suite, Apt. #, etc. City Miami FL Zip Code 33172
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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) *[Signature]* DATE **12/29/98**

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TABOR, MARTIN A	7320 S.W. 146 TERRACE	MIAMI FL	100002752451--0 -01/22/99--01119-010 ***150.00 ***150.00

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 *[Signature]* DATE **12/29/98**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)