


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05430**

1. Entity Name  
**BRICKELL AND CO., LTD.**



Principal Place of Business  
**10451 NW 33 ST.  
 MIAMI, FL 33172**


Mailing Address  
**7990 SW 117 AVE.  
 #203  
 MIAMI, FL 33183**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt #, etc.

City & State

Zip Country



04212004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-1801620**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TABOR, MARTIN A.  
 10451 NW 33 ST.  
 MIAMI, FL 33172**

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 types or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record **\$200.00**

10. Amount of Capital Contributions in FLORIDA to date **200.00**

**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 #	TABOR, MARTIN A	STREET ADDRESS	U00000160276
NAME	10451 N.W. 33 STREET	CITY-ST-ZIP	05/13/04 80014-022 150.00
STREET ADDRESS	MIAMI, FL 33172		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **4/29/04** **772-463-7411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #