
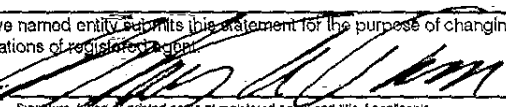
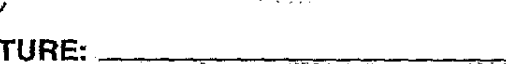


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005.

FILED
Jun 10, 2005 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		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		Country	
Zip		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TABOR, MARTIN A. 10451 NW 33 ST. MIAMI, FL 33172				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: 3/30/05	
9. Capital Contributions as Shown on record \$200.00				10. Amount of Capital Contributions in FLORIDA to date	
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 #	NAME		STREET ADDRESS		
	TABOR, MARTIN A				
	STREET ADDRESS		CITY ST ZIP		
	10451 N.W. 33 STREET				
	CITY - ST - ZIP				
	MIAMI, FL 33172				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	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)(f), 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: 				DATE: 3/30/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # 722-413-2400	



03082005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1801620 Applied For Not Applicable

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

STAPLE CHECK HERE