


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:45**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A05430</b>	
1. Entity Name <b>BRICKELL AND CO., LTD.</b>	

Principal Place of Business <b>10451 NW 33 ST. MIAMI, FL 33172</b>	Mailing Address <b>7990 SW 117 AVE. #203 MIAMI, FL 33183</b>
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2. Principal Place of Business <b>7601 SW Lost River Rd.</b>	3. Mailing Address <b>7601 SW Lost River Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Stuart, FL</b>	City & State <b>Stuart, FL</b>
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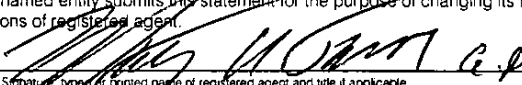
Zip <b>34997</b>	Country <b>USA</b>	Zip <b>34997</b>	Country <b>USA</b>
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04062006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>59-1801620</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
7. Name and Address of New Registered Agent		
Name <b>Tabor, Martin A.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>7601 SW Lost River Rd.</b>		
City <b>Stuart</b>		Zip Code <b>FL 34997</b>

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 **4/12/06**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	7601 SW Lost River Rd.
NAME	10451 N.W. 33 STREET	CITY - ST - ZIP	Stuart, Florida 34997
STREET ADDRESS	MIAMI, FL 33172		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **4/12/06** DAYTIME PHONE # **772 463 7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE