


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A10010</b> 1. Entity Name <b>EAST BRICKELL ASSOCIATES, LIMITED</b>					
Principal Place of Business <b>5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334</b>				Mailing Address <b>5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MUDD, JOHN 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334</b>				7. Name and Address of New Registered Agent Name <b>Timothy C. Lincoln, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Downtown Legal Center 46 N. E. 6th Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33132</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 <u>Timothy C. Lincoln</u> <b>Timothy C. Lincoln, V.P.</b> <b>3/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record.		<b>\$1,425,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>M17901</b>			STREET ADDRESS	
NAME	<b>EB-15 REALTY CORP.</b>			CITY-ST-ZIP	
STREET ADDRESS	<b>5601 NORTH DIXIE HIGHWAY, SUITE 420</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>				
DOCUMENT #				STREET ADDRESS	
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STREET ADDRESS					
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)(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					
<b>SIGNATURE:</b> <u>John P. Mudd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<b>3/15/04</b> <b>(954) 202-1998</b> <small>Date Daytime Phone #</small>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 AM 10:44



MOORE CR2E003 (11/03)

4. FEI Number **59-2101745**  
Applied For  
Not Applicable

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

STAPLE CHECK HERE