


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A10010 1. Entity Name EAST BRICKELL ASSOCIATES, LIMITED	
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Principal Place of Business 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334	Mailing Address 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
2005 APR -6 PM 4:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2101745		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 LINCOLN, TIMOTHY C ESQ DOWNTOWN LEGAL CENTER LINCOLN ESQ. P.A. 46 N.E. 6TH ST. MIAMI FL 33132		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, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$1,425,000.00**

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 #	M17901	STREET ADDRESS	
NAME	EB-15 REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	5601 NORTH DIXIE HIGHWAY, SUITE 420		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/22/05--01010--012 **535.00

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: *Timothy C. Lincoln* Timothy C. Lincoln

3/1/05

(305) 755-9295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE