


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

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A12761
1. Entity Name
1000 BRICKELL, LTD.



Principal Place of Business: 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
Mailing Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134

2. Principal Place of Business: Suite, Apt #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt #, etc. City & State Zip Country



01052005 Chg-LP CR2E003 (10/03)
4. FEI Number: 59-2208441 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: RENTZ, R. LARRY, 121 ALHAMBRA PLAZA, PH I, SUITE 1600, CORAL GABLES, FL 33134
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 file if applicable.

9. Capital Contributions as Shown on record: \$100.00
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 #	P16775	STREET ADDRESS	
NAME	HAMMOND VENTURE, INC.	CITY-ST-ZIP	
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

110000020227
01/28/05-80100-018 141.25

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: [Signature] YAZMIN CIL TREASURER 1/13/05 305-443-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: HAMMOND VENTURE DATE: _____ DAYTIME PHONE #: _____