

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
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



01032007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2208441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
 IN THIS SPACE**

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P16775 HAMMOND VENTURE, INC. 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
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 05/17/07-80034-020 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1-19, 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]* *[Signature]* 3-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #