2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002083 1. Entity Name				EU FO
BRICKELL MAIN STREET MANAGEMENT, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business 2665 S. BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133 Mailing Address 2665 S. BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133			1-5402	00 JUN 2 I PM 4: 46
			s Avenu	
Suite, Apt. #, etc. Third Floor		Suite, Apt. # etc.		DO NOT WRITE IN THIS SPACE 4. FFI Number Applied For
City & State	n'i Beach, FL	Oliani Bep	ch, FL Country	65-0838782 Not Applicable
_ 3 <u>3</u> 13 ⁰		33139		5. Certificate of Status Desired
BRICKELL WALK MANAGEMENT, L.C> Change Name PC Street Stre				Lel Main Street Management L.C. ddress (P.O. Box Number is Not Acceptable) Collins Frence ani Beach FL 35389
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.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. \$150,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
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				
12. DOCUMENT#	L97000001030 BRICKELL WALK MANAGEMENT,	4.	STREET ADDRESS	1501 Collins Avenue. Third Floor
STREET ADDRESS CITY-ST-ZIP	2665 S. BAYSHORE DRIVE, SUITI COCONUT GROVE FL 33133	E 302	CITY-ST-ZIP	Niarie Beach, FL 33139
DOCUMENT#	* name change f changed to:	Ted 10/20/99	STREET ADDRESS	
STREET ADDRESS CITY+ST+ZIP	Brickell Main Stre	et Management.	CCITY-ST-ZIP	
DOCUMENT#= NAME			STREET ADDRESS	- 4000033055241
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	*****5 \dot\dot\dot\dot\dot\dot\dot\dot\dot\dot
DOCUMENT#			STREET ADDRESS	FF \$526.25
STREET ADDRESS City - St - ZIP	·		CITY-ST-ZIP	·
DOCUMENT # NAME			STREET ADDRESS	
STREET ADORESS City+St-Zip			CITY-ST-ZIP	
Document # Name			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZDP	
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 DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				