

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAY 19 AM 9:10

DOCUMENT # A97000002083 1. Entity Name BRICKELL MAIN STREET MANAGEMENT, LTD.					
Principal Place of Business 1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH, FL 33139			Mailing Address 1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH, FL 33139		
2. Principal Place of Business 701 Brickell Ave Suite, Apt. #, etc. 1460 City & State Miami, FL Zip 33139 Country		3. Mailing Address 701 Brickell Ave Suite, Apt. #, etc. 1460 City & State Miami, FL Zip 33139 Country			
4. FEI Number 04052005 Chg-LP CR2E003 (10/03) 65-0838782				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SUMBERG, JOHN C P.A. 200 SOUTH BISCAYNE BOULEVARD, STE 2500 MIAMI, FL 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
9. Capital Contributions as Shown on record. \$1,998,500.00		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 #	L97000001030		STREET ADDRESS		
NAME	BRICKELL MAIN STREET, LLC		CITY-ST-ZIP		
STREET ADDRESS	1501 COLLINS AVENUE, THIRD FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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					
SIGNATURE:			Date: 3/31/05 Daytime Phone #		

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