


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -2 AM 10: 50

DOCUMENT # A97000002083 1. Entity Name BRICKELL MAIN STREET MANAGEMENT, LTD.	
--	---

Principal Place of Business 701 BRICKELL AVE. SUITE 1460 MIAMI, FL 33139	Mailing Address 701 BRICKELL AVE. SUITE 1460 MIAMI, FL 33139
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



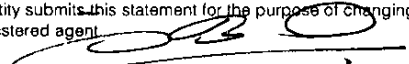
01302007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0838782	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 BARBERA, JACQUES 701 BRICKELL AVE. SUITE 1460 MIAMI, FL 33139

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 1-30-07

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 #	L97000001030
NAME	BRICKELL MAIN STREET, LLC
STREET ADDRESS	1501 COLLINS AVENUE, THIRD FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	701 Brickell Avenue, Suit 1460
CITY-ST-ZIP	Miami, FL 33131

400087873494
02/08/07--01045--023 **500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-30-07 (305) 538-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #