

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002085

1. Entity Name

BRICKELL MAIN STREET, LLLP



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

3. Mailing Address

Suite Apt. #, etc

Suite Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0838779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN C. SUMBERG, P.A.
200 SOUTH BISCAYNE BOULEVARD, SUITE 2500
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$23,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # A97000002083
NAME BRICKELL MAIN STREET MANAGEMENT, LTD.
STREET ADDRESS 1501 COLLINS AVENUE
CITY - ST - ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY - ST - ZIP

U000000159943

05/13/04-80001-008 526.25

DOCUMENT #
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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JEAN MARC MEUNIER

Date

Daytime Phone #

4/20/04 305-538-0135

STAPLE CHECK HERE