
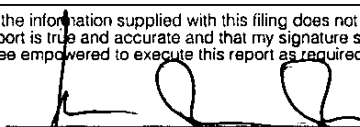


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 19 AM 9:11

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 701 Brickell Ave Suite, Apt. #, etc. 1460 City & State Miami, FL Zip 33131 Country D		3. Mailing Address 701 Brickell Ave Suite, Apt. #, etc. 1460 City & State Miami, FL Zip 33131 Country D	
		04052005 Chg-LP CR2E003 (10/03)	
		4. FEI Number 65-0838779	
		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 JOHN C. SUMBERG, P.A. 200 SOUTH BISCAYNE BOULEVARD, SUITE 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. \$23,200,000.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	A97000002083 BRICKELL MAIN STREET MANAGEMENT, LTD. 1501 COLLINS AVENUE MIAMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE