

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 JAN -2 PM 1:21

98/1/14

1. Name of Limited Partnership Brickell Pointe, LTD. 540 Brickell Key Drive Miami, Florida 33131		1a. DOCUMENT # A07000002714	
Mailing Address Brickell Pointe, LTD. 540 Brickell Key Drive Miami, Florida 33131		Principal Office Address Brickell Pointe, LTD. 540 Brickell Key Drive Miami, Florida 33131	
2. Mailing Address 540 Brickell Key Drive Suite, Apt. #, etc. C-1 Miami, Florida Zip Country 33131 Dade		2a. Principal Office Address 540 Brickell Key Drive Suite, Apt. #, etc. C-1 Miami, Florida Zip Country 33131 Dade	
3. Date Formed or Registered 12-15-97		5a. Capital Contributions as Shown on record. 10,000	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date. 10,000	
4. State or Country of Formation Dade, Fl.		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Aslan Palachi 540 Brickell Key Drive Miami, Florida 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 7000002405927--4 -01/21/98--01012--002 ****173.FL ****173.75	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) BCOM-BP, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 540 Brickell Key Dr.	11b. City, State & Zip Code Miami, Fl. 33131	11c. Registration/Document Number P97000072265
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form

R. VAN BUREN

Daytime Telephone Number

12-30-97
305-375-0090

CR2E003 (6/97)