


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>1. Name of Limited Partnership</b>  BRICKELL AVENUE, LTD.		<b>1a. DOCUMENT #</b> <b>A98000000286</b>	
<b>Mailing Address</b> 401 EAST COLLEGE AVE. TALLAHASSEE FL 32301 1177 KANE CONCOURSE, SUITE 201 BAY HARBOR, FL 33154	<b>Principal Office Address</b> 401 EAST COLLEGE AVE. TALLAHASSEE FL 32301 1177 KANE CONCOURSE SUITE 201 BAY HARBOR, FL 33154		
<b>2. Mailing Address</b> 1177 KANE CONCOURSE Suite, Apt. #, etc. SUITE 201 City & State BAY HARBOR FLORIDA Zip 33154 Country USA	<b>2a. Principal Office Address</b> 1177 KANE CONCOURSE Suite, Apt. #, etc. SUITE 201 City & State BAY HARBOR FLORIDA Zip 33154 Country USA		
<b>3. Date Formed or Registered</b> 01/30/1998		<b>5a. Capital Contributions as Shown on record</b> \$10,000.00	
<b>3a. Date of Last Report</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> -	
<b>4. State or Country of Formation</b> FL		<b>6. FEI Number</b> 65-0855910 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8. Make check payable to Dept of State (See reverse side for fee information)</b>	

FILED  
99 MAR -4 PM 3: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>9. Name and Address of Current Registered Agent</b>  MCDONALD, ROBERT R 101 EAST COLLEGE AVE. TALLAHASSEE FL 32301	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

**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.**

<b>11. Name(s) of General Partner(s)</b>  BRICKELL AVENUE, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  101 EAST COLLEGE AVE.	<b>11b. City, State &amp; Zip Code</b>  TALLAHASSEE FL 32301	<b>11c. Registration/Document Number</b>  P98000009623
---	---	--	--

1000028603251 -- 3  
-03/11/99--01120--002  
3-10-99 \*\*\*158.75 \*\*\*\*158.75

**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 effect 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 \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

CR2E003 (8/98)