Applied For

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9800000286 **DOCUMENT #**

1. Entity Name

SUITE 201

BRICKELL AVENUE, LTD.

Principal Place of Business

2. Principal Place of Business

1177 KANE CONCOURSE

BAY HARBOR FL 33154

Suite, Apt. #, etc.

City & State



4. FEI Number

Mailing Address 1177 KANE CONCOURSE

Suite, Apt. #, etc.

City & State

SUITE 201 BAY HARBOR FL 33154
 3. Mailing Address

FILED

03 MAR 18 PM 2:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

65-0855910

,						05-065	3910	Not Applicable
Zip	Country	Zip	Country		5. Certific	ate of Status De	sired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
	-	<u> </u>		Name			T ner	~.
TAPLIN, MARTIN W 1177 KANE CONCOURSE, SUITE 201 BAY HARBOR FL 33154			Street Address (P.O. Box Number is Not Acceptable)					
						-		
	•			City			F	Zip Code
	med entity submits this stateme	ent for the purpose of cha	anging its registe	red office or reg	istered agent, or	both, in the Stat	te of Florida. 1 a	am familiar with, and accept

8.	The above named entity submits this statement for the purpose of changing its registered office	or registered agent, or both	n, in the State of Florida.	I am familiar with,	and accept
	the obligations of registered agent.				

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

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	P98000009623 BRICKELL AVENUE, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1177 KANE CONCOURSE BAY HARBOR FL 33154	CITY-ST-ZIP C	
DOCUMENT # NAME		STREET ADDRESS	600014317036 03/18/0301038008 **167.50
STREET ADDRESS City-St-Zip		CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. Thereby 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:

ARTIN W. TAPLIN, Date 1/13/03