FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A98000000925

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Se Green Address and the community of th

MDM BRICKELL OFFICE GROUP, LTD.						
Mailing Address 9090 SOUTH DADELAND BOULEVARD MIAM! FL 33156	Principal Office Address 9090 SOUTH DADELAND B MIAMI FL 33156	9090 SOUTH DADELAND BOULEVARD		3. Dale Formed or Registered 04/15/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$1,500.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. Stale or Country of Formation	Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6, FEI Number	26 Applied For Not Applicable	
Zip Country	Zip			7. Certificate of Status Desired \$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 STISS, CAREY A ESQ. C/O STROOK & STROOK & LAVAN, LLP 200 BISCAYNE BLVD., SUITE 3300 MIAMI FL 33131-2385		10. If changed, new Registered Agent/Office Name Street Address (E.O. Roy Number 1997 Address and Address (E.O. Roy Number 1997 Address (E.O. Roy Number 1				
		Street Address (P.O. Box Number(s)************************************				
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligitions of the purpose of changing the section of the purpose of the	e or registered agent, or both, in the State of I alions of section 620.192, Florida Statutes	Florida. Such chang	ge was author	ized by its general partner(s). I heret	by accept the appointment of registered	
	UST BE REGISTERED /	AND ACTIV	/E WIT	H THIS OFFICE.		
11. Name(s) of General Partner(s) MDM BRICKELL II, INC.	11a. Addrass of Each General Partner (Do NOT Use Post Office Box Numbers) 9090 SOUTH DADELAND B		11b.	City, State & Zip Code	11c. Registration/ Document Number	
, a	9090 300111 DADE		WIL	St. 8-99	P98000029210	
Note: General partners MAY N 12. I do hereby certify that the information supplied w from any liability of non-compliance with Section is true and accurate and that my signature shall I	ith this filing is voluntarily furnished and does 119.07(3)(k) in the event that the information	not qualify for the ex- supplied is deemed a	emption state exempt from	ed in Section 119 07(3)(k), Florida Sta public access I further certify that the	atutes. I release the Division of Corporatio	

execute this report as required by chapter 620, Florida Statut.

SIGNATURE