


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000002758</b> 1. Entity Name MPA BRICKELL KEY LLC	
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Principal Place of Business 701 BRICKELL KEY BLVD MIAMI, FL 33131	Mailing Address 175 FEDERAL STREET C/O M/P/A BOSTON, MA 02110
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**DO NOT WRITE IN THIS SPACE**

04012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0005691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

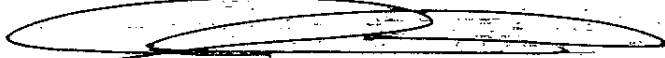
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MPA RESIDENTIAL FUND I LLC 175 FEDERAL STREET BOSTON, MA 02110
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1100000296428  
04/09/05-80068-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **4/1/2005** **617-603-7000**  
Date Daytime Phone #