FILED Feb 06, 2006 8:00 am Secretary of State

ZUUD	MOI-FOR-FROFII CORFORATIO	N
•	ANNUAL REPORT	

1. Entity Name BRICKELL PLACE PHASE II ASSOCIATION, INC.						02	2-06-2006 90	0067 016	****61.2	5		
1925 BRICKELL AVE. 1925 D-201 D-20			1925 (D-201	Mailing Address 1925 BRICKELL AVE. D-201 MIAMI, FL 33129								
2. Principal Place of Business 3. Maili				Mailing Address								
Suite, Apt. #, etc. Si			Suite	Suite, Apt. #, etc.			01052006	Chg-NP	CR2E0	37 (11/05)		
City & State			City	City & State				4. FEI Number 59-1967	541			oplied For of Applicable
Zip Country		Zip	Zip Cou		untry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registered	Agent		Name		7. Name and A	ddress of New I	Registered A	Agent	
	MBRA CII	RCLE, SUITE 1102					ddress (i	P.O. Box Number	is Not Acceptabl	e)		
CORAL G	ABLES, F	L 33134										
					City FL Zip Code							
	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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when retristating) DATE											
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.												
	_							\$5.00 May Be Added to Fees			k payable t tment of S	
10.	Due by f		RECTORS			ion.			Flo	rida Depar	tment of S	tate
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	P BIGIO, D	May 1, 2008 OFFICERS AND DIF AVID CKELL AVENUE C-121:			11.	E		Added to Fees	Flo	rida Depar	tment of S	tate
TITLE NAME STREET ADDRESS	P BIGIO, D 1915 BRI MIAMI, F V MICHAEL	May 1, 2008 OFFICERS AND DIF AVID ICKELL AVENUE C-121: L 33129 LS ANDRADE, CHRISTI ICKELL AVENUE C-409	3 NE	Trust Fund (11. TITLE NAME STREET TITLE NAME STREET NAME STREET	E E EET ADDRESS (-ST-ZIP	V Gui	Added to Fees ADDITIONS/CHAI	Magda 1 Avenue	rida Depar	RECTORS IN Change	N 10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	P BIGIO, D. 1915 BRI MIAMI, FI V MICHAEL 1915 BRI MIAMI, FI T FRIEDMA	May 1, 2008 OFFICERS AND DIF AVID ICKELL AVENUE C-1213 L 33129 LS ANDRADE, CHRISTI ICKELL AVENUE C-409 L 33129 AN, MORTON N ICKELL AVENUE C-608	3 NE	Trust Fund (11. TITL NAM STRE CITY TITL NAM STRE CITY TITL NAM STRE CITY TITL NAM STRE	E E E E E E E E T T T E E E	V Gui	Added to Fees ADDITIONS/CHAI	Magda 1 Avenue	rida Depar	RECTORS IN Change	tate N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BIGIO, D. 1915 BRI MIAMI, FI V MICHAEL 1915 BRI MIAMI, FI T FRIEDMA 1915 BRI MIAMI, FI S REY, ANG	May 1, 2008 OFFICERS AND DIF AVID ICKELL AVENUE C-1213 L 33129 LS ANDRADE, CHRISTI ICKELL AVENUE C-409 L 33129 AN, MORTON N ICKELL AVENUE C-608 L 33129 GEL ICKELL AVENUE D-901	3 NE	Trust Fund C	11. TITL NAM STRE CITY	E UE EET ADDRESS ST-ZIP E EET ADDRESS ST-ZIP E E E E E E E E E E E E E	V Gui	Added to Fees ADDITIONS/CHAI	Magda 1 Avenue	rida Depar	TRECTORS IF	tate 10 Addition Addition
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indicated on this report or supplemental report is true and actirate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to explore this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

DOCUMENT # 742954 1. Entity Name BRICKELL PLACE PHASE II ASSOCIATION, INC.								ATTACHMENT					
1925 BRICKELL AVE. D-201			1925 D-20	Mailing Address 1925 BRICKELL AVE. D-201 MIAMI, FL 33129			60013200						
2. Principal Place of Business 3.				3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01052006 Ch	ig-NP	CR2E037	(11/05)		
City & Stat	10		Cit	City & State				4. FEI Number 59-196754	1			plied For t Applicable	
Zip	Country Zip Co				Co	untry		5. Certificate of Sta	atus Desired		B.75 Add e Require		
	6. Name	and Address of Curre	nt Registere	d Agent		Name		7. Name and Addr	ess of New R	egistered Ag	ont		
SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134						Name Street Address (P:O. Box Number is Not Acceptable)							
						City	<u></u>		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	Đ	
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, lyped	d of printed name of registered ag	ent and title if app	licable. (NOT	C: Registere	ed Agent signat	ure rodulated	when reinstalling)		DATE			
	Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME Guillen, Ana Magda REET ADDRESS 1915 Brickell Avenue C-1506 STR						1915	in, Raquel 5 Brickell ni, FL. 331	Avenue (C-1007	'hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						(_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	11fl Nam Stre	E			· · · · · · · · · · · · · · · · · · ·	C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delcie						C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Detate						C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	IE EET ADDRESS '-ST-ZIP] Change	☐ Addition	
12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate apt that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or bustee empowered to execute this peport as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like dynamics. SIGNATURE:													