2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016152

1. Entity Name
1414 BRICKELL, LLC

Principal Place of Business	Mailing Address
780 NW 42 AVE #516 MIAMI, FL 33126	780 NW 42 AVE #516 MIAMI, FL 33126

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip · Country	Zip · Country

01072004   Chg-LLC   CR2E083 (10/03)

4. FEI Number
65-1143220   Applied For / Not Applicable

5. Certificate of Status Desired   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
PEIDRA, AURELIO A 780 NW LE JEUNE RD. 516 MIAMI, FL 33126	Name *Aurelio A. Piedra* Street Address (P.O. Box Number is Not Acceptable) *780 NW 42 Ave #516* City *Miami* FL Zip Code *33126*

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 *Aurelio A. Piedra*   DATE *1/14/04*

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEFORTUNA, WALTER PASCUAL 2666 BRICKELL AVE. MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #