


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 023 ***138.75

DOCUMENT # L01000016152

1. Entity Name
 1414 BRICKELL, LLC



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

Mailing Address
 780 NW 42 AVE
 #516
 MIAMI, FL 33126

60021828

2. Principal Place of Business - No P.O. Box #
 2666 Brickell Avenue

3. Mailing Address
 2666 Brickell Avenue

Suite, Apt. #, etc.



03272008 Chg-LLC CR2E083 (12/06)

City & State
 Miami, Florida

City & State
 Miami, Florida

Zip
 33129

Country
 USA

Zip
 33129

Country
 USA

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

PIEDRA, AURELIO A
 780 NW 42 AVE.
 516
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
 Hugo Heinz

Street Address (P.O. Box Number is Not Acceptable)
 2666 Brickell Avenue

City
 Miami

FL

Zip Code
 33129

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: *Hugo Heinz*

(NOTE: Registered Agent signature required when reinstating)

DATE: 3-27-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEFORTUNA, WALTER PASCUAL 2666 BRICKELL AVE. MIAMI, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Walter Defortuna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 3-27-08

Daytime Phone #: (305) 859-7445