



**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90586 018 \*\*\*\*55.00

DOCUMENT # **L01000016152**  
1. Entity Name  
**1414 Brickell LLC** ✓



**DO NOT WRITE IN THIS SPACE**

**30067233**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**780 NW 42 Ave**  
Suite, Apt. #, etc.  
**# 516**  
City & State  
**Miami, FL**  
Zip Country  
**331 Dade**

DO NOT WRITE IN THIS SPACE

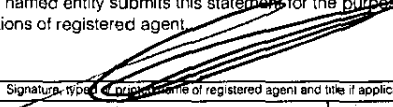
**DO NOT WRITE IN THIS SPACE**

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

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

7. Name and Address of Current Registered Agent  
Name  
**Aurelio A Piedra**  
Street Address (P.O. Box Number is Not Acceptable)  
**780 NW 42 Ave Rd**  
**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 **3/31/03**

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

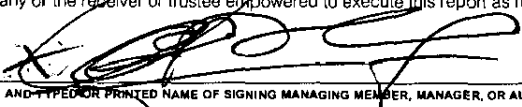
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>De Fortuna, Walter Pascual</b> <b>2666 Brickell Ave</b> <b>Miami FL 33129</b>
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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:  DATE **3/31/03** Daytime Phone #