

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90069 012 \*\*\*\*55.00

**DOCUMENT # L02000021386**



1. Entity Name  
**BROOKSIDE-PHASE II, LLC**

Principal Place of Business  
**1600 BRICKELL AVENUE, SUITE 1  
 MIAMI, FL 33129**

Mailing Address  
**1600 BRICKELL AVENUE, SUITE 1  
 MIAMI, FL 33129**

40059414



2. Principal Place of Business  
**1300 NW 167th St**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**#3**

03012006 Chg-LLC CR2E083 (11/05)

City & State  
**MIAMI FL**

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip  
**33169**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**LEGAL ASSETS, INC.  
 1401 BRICKELL AVENUE, SUITE 700  
 MIAMI, FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**Charles O. Morgan, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**1300 NW 167th St,  
 Suite 3**

City  
**Miami** **FL** Zip Code  
**33169**

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, 2006**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  
**PST**  Delete

NAME  
**SUGARBAKER, EVERETT V**

STREET ADDRESS  
**1500 BRICKELL AVE.**

CITY - ST - ZIP  
**MIAMI, FL 331291240**

TITLE  
**Member/Man/Pres Rep.**  Change  Addition

NAME  
**Charles O. Morgan, Jr.**

STREET ADDRESS  
**1300 NW 167th St.**

CITY - ST - ZIP  
**Miami, FL 33169**

TITLE  Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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: *Charles O. Morgan, Jr.* **Charles O. Morgan, Jr. Member/Man/Pres Rep** **3/8/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #