

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

DOCUMENT # L02000033521

1. Entity Name

BRICKELL FALLS LLC



FILED
03 MAY -2 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2665 S. Bayshore Drive

3. Mailing Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.
Suite 703

Suite, Apt. #, etc.
Suite 703

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
54-2090490

Applied For
Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, Suite 703

City
Miami

FL

Zip Code
33133

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.

DATE _____

**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
Manager
Perret, Gerard
2665 S. Bayshore Drive, Suite 703
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Perret, Martine
2665 S. Bayshore Drive, Suite 703
Miami, Florida 33133

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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: _____ Gerard Perret 3/17/03 (305) 858-9900

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

CR2E083B (12/02)