

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90236 018 \*\*\*138.75

DOCUMENT # L03000009498  
 1. Entity Name  
 1110 BRICKELL VENTURE PARTNERS, LLC



Principal Place of Business      Mailing Address  
 1300 BRICKELL AVE      1300 BRICKELL AVE  
 MIAMI, FL 33131      MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

60014010



02282008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
 45-0507880      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

SANCHEZ, MILAGROS  
 1300 BRICKELL AVE  
 MIAMI, FL 33131

Name *De Los Santos, Olga, ESQ*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1300 Brickell Avenue*  
 City *Miami*      FL      Zip Code *33131*

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]*      DATE *3/5/08*

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$338.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORTUNE INTERNATIONAL MANAGEMENT, INC. 1300 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*      Date *3/5/08*      Daytime Phone # *(305) 351-1000*