

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90079 039 ****50.00

DOCUMENT # L04000043987

1. Entity Name
BRICKELL BAY COMMERCIAL, LLC



Principal Place of Business
**100 S. BISCAYNE BLVD., SUITE 1100
MIAMI, FL 33131**

Mailing Address
**100 S. BISCAYNE BLVD., SUITE 1100
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1268162

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLO, JEROME
100 S BISCAYNE BLVD STE 1100
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLLO, JEROME
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	MGRM
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	MGRM
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	MGR
NAME	BEAR, STEVE
STREET ADDRESS	100 S. BISCAYNE
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	MGR
NAME	KATZ, LEONARD
STREET ADDRESS	100 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

035-6310