

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90047 034 \*\*\*138.75

**DOCUMENT # L06000097355**

1. Entity Name  
**BRICKELL EXECUTIVE OFFICES, LLC**



Principal Place of Business  
**1200 BRICKELL AVE, SUITE 1950  
MIAMI, FL 33131 US**

Mailing Address  
**1200 BRICKELL AVE, SUITE 1950  
MIAMI, FL 33131 US**

**60030267**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**65-1296043**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FERREIRA, GINA  
201 S BISCAYNE BLVD  
STE 2828  
MIAMI, FL 33131**

Name **Gina Ferreira**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 Brickell Avenue, Suite 1950**  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-23-08**  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **LOPEZ JORDAN, GONZALO**  
STREET ADDRESS **201 S. BISCAYNE BLVD, STE. 2828**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Brickell Executive Management LLC**  
STREET ADDRESS **1200 Brickell Avenue, Suite 1950**  
CITY-ST-ZIP **Miami, FL 33130**

TITLE **MGR** ☒ Delete  
NAME **STEED, SANTIAGO**  
STREET ADDRESS **201 S. BISCAYNE BLVD, STE. 2828**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-23-08**  
Date

**305-722-2270**  
Daytime Phone #