


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90344 023 ****50.00

DOCUMENT # L06000108157

1. Entity Name
BRICKELL HOLDINGS, LLC



Principal Place of Business Mailing Address

600 BRICKELL AVENUE **600 BRICKELL AVENUE**
SUITE 800 **SUITE 800**
MIAMI, FL 33131 **MIAMI, FL 33131**

60033828



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

777 Brickell Ave. **777 Brickell Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 808 **Suite 808**

03282007 Chg-LLC CR2E083 (12/06)

City & State City & State

Miami, Fl. **Miami, Fl.**

4. FEI Number Applied For

20-1875786 Not Applicable

Zip Country Zip Country

33131 **USA** **33131** **USA**

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

6. Name and Address of Current Registered Agent

CHARLOTTE SEVILLA
600 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Loretta Cockrum**

Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Avenue
Suite 808

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 *Loretta Cockrum* **Loretta Cockrum** **3/29/07**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCKRUM, LORETTA <input type="checkbox"/> Delete 600 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PO LENG LAM, YVONNE <input type="checkbox"/> Delete 600 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NG, LU PAT <input type="checkbox"/> Delete 600 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Brickell Ave, suite 808 Miami, Fl. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Brickell Ave., suite 808 Miami, Fl. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Brickell Ave., suite 808 Miami, Fl. 33131
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: *Loretta Cockrum* **Loretta Cockrum** **3/29/07** **305 358 9807**

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