

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90189 007 ***138.75

DOCUMENT # L07000064318

1. Entity Name
 2660 BRICKELL PARTNERS, LLC



Principal Place of Business
 1395 BRICKELL AVENUE
 900
 MIAMI, FL 33131

Mailing Address
 1395 BRICKELL AVENUE
 900
 MIAMI, FL 33131

60042243



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

3. Mailing Address
 370 Minorca Ave

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State
 Coral Gables FL

City & State
 Coral Gables FL

Zip
 33134

Country
 USA

4. FEI Number
 26-0360293

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLY, WILLIAM H
 1395 BRICKELL AVENUE
 900
 MIAMI, FL FL


7. Name and Address of New Registered Agent

Name
 Holly, William H

Street Address (P.O. Box Number is Not Acceptable)
 370 MINORCA AVE

City
 Coral Gables FL Zip Code
 33134

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:  DATE: 4.25.08

(NOTE: Registered Agent signature required when reinstating)

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOLLY, WILLIAM H 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCAMMON, ROBERT K 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 <input checked="" 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 |
| 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 | MGR Holly William H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 370 MINORCA AVE Coral Gables FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM mccammon, Robert K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 370 MINORCA AVE Coral Gables FL 33134 |
| 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 |
| 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 608, Florida Statutes.

SIGNATURE:  DATE: 4.25.08 DAYTIME PHONE #: 3057770300

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