


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90013 036 \*\*\*\*50.00

<b>DOCUMENT # L97000001030</b> 1. Entity Name <b>BRICKELL MAIN STREET, LLC</b>	
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Principal Place of Business <b>1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH FL 33139</b>	Mailing Address <b>1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH FL 33139</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip      Country	City & State Zip      Country
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4. FEI Number <b>65-0838778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	



MOORE      CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>SUMBERG, JOHN C PA 200 SOUTH BISCAYNE BLVD STE 2500 MIAMI FL 33131</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <span style="float: right;"><b>FL</b>      Zip Code</span>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	CONSTRUCTA, INC.
STREET ADDRESS	1501 COLLINS AVENUE, THIRD FLOOR
CITY-ST-ZIP	MIAMI FL 33139
TITLE	MGRM <input type="checkbox"/> Delete
NAME	BMS MANAGER, INC.
STREET ADDRESS	1501 COLLINS AVENUE, THIRD FLOOR
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	MGRM <input type="checkbox"/> Delete
NAME	FITTIPALDI BRICKELL DEVELOPERS I, LLC
STREET ADDRESS	537 CRANDON BLVD, LAKE VILLA II
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	MGRM <input type="checkbox"/> Delete
NAME	BRICKELL INVESTORS, INC.
STREET ADDRESS	505 PARK AVE, NINTH FLOOR
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	MGRM <input type="checkbox"/> Delete
NAME	MERLUX ONE COMPANY
STREET ADDRESS	520 BRICKELL KEY DR, STE O-305
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** JEAN MARC MEUNIER 4/20/04 205-538-0135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #