

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0700000.1942

1. Entity Name
BRICKELL KEY CENTER GP, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 26 PM 12:18

Principal Place of Business
45 ROCKEFELLER PLAZA
NEW YORK, NY 10111

Mailing Address
45 ROCKEFELLER PLAZA
NEW YORK, NY 10111

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8747434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 MGR ☐ Delete
NAME BRICKELL KEY CENTER MEZZ, LP
STREET ADDRESS 45 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK, NY 10111

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700135023187
08/27/08--01041--014 **138.75

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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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:

Michael B. Benne

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

8/18/2008 212-715-0373

Date

Daytime Phone #

FEI #