2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2004 08:00 AM Secretary of State

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PARK PLACE AT BRICKELL LLC

Principal Place of Business C/O PARK PLACE, LLC 848 BRICKELL AVE., STE. 1010 MIAMI, FL 33131

Mailing Address C/O PARK PLACE, LLC 848 BRICKELL AVE., STE. 1010 MIAMI, FL 33131



04142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
65-1054528	Not Applicable
	\$5.00 Additional

Certificate of Status Desired

Fee Required

б.	Name and	Address	of Current F	Registered	Agent

OJEDA, ALAN C/O PARK PLACE, LLC 848 BRICKELL AVE., STE. 1010 MIAMI, FL 33131

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8. The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registere	d office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed of printed name of registered agont and site if applicable	(NOTE Registered	Agent signature required when reinstatung)	DATE
Fi D	ling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEA PARK PLACE LLC 848 BRICKELL AVE., #1010 MIAMI, FL 33131			000000142.01 64, 20/64-00054-007-50, 80
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11. I hereby certify that the information supplied with this filling 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 flability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SI	GI	VΑ	TU	R	E:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MAJAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #