


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007544 1. Entity Name BRICKSTEIN CONSTRUCTION, LLC	
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Principal Place of Business 7392 NW 35 TERR STE 206 MIAMI FL 33122	Mailing Address 7392 NW 35 TERR STE 206 MIAMI FL 33122
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 04-3630416
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip
Country	Country	Country

6. Name and Address of Current Registered Agent

**STEIN, JORGE E
7392 NW 35 TERR 206
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: STEIN, JORGE E STREET ADDRESS: 2725 SALZEDO STREET CITY - ST - ZIP: CORAL GABLES FL 33134 <input type="checkbox"/> Delete	
TITLE: MGR NAME: STEIN, JORGE E STREET ADDRESS: 7392 NW 35 TERR 206 CITY - ST - ZIP: MIAMI FL 33122 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: STEIN, JORGE E STREET ADDRESS: 7395 NW 35 TERR 206 CITY - ST - ZIP: MIAMI FL 33122 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Jorge E. Stein* **JORGE E. STEIN** 4/21/05 786-621-4335

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