


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000012857</b> 1. Entity Name <b>PARK PLACE AT BRICKELL LLC</b>	
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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**



01132005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1054528**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>RILEA PARK PLACE LLC</b>
STREET ADDRESS	<b>848 BRICKELL AVE., #1010</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>

TITLE	
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CITY-ST-ZIP	

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**U000000357962  
05/04/05-80093-010 50.00**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

**4/25/05 (305)3715254**