


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000007544</b> 1. Entity Name <b>BRICKSTEIN CONSTRUCTION, LLC</b>	
---	---



Principal Place of Business <b>7392 NW 35 TERR STE 206 MIAMI FL 33122</b>	Mailing Address <b>7392 NW 35 TERR STE 206 MIAMI FL 33122</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country
---	---

1st MOORE      CR2E083 (10/05)

6. Name and Address of Current Registered Agent

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

4. FEI Number      Applied For

**04-3630416**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

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

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000550546		
NAME	05/13/06-80064-015 50.00	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 