


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90310 041 \*\*\*\*50.00

**DOCUMENT # L02000007544**

1. Entity Name  
**BRICKSTEIN CONSTRUCTION, LLC**



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>
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2. Principal Place of Business - No P.O. Box # <b>108 SE 1st ST</b>	3. Mailing Address <b>108 SE 1st ST</b>
Suite, Apt. #, etc. <b>601</b>	Suite, Apt. #, etc. <b>601</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33131</b>	Zip <b>33131</b>
Country	Country



01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>04-3630416</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>STEIN, JORGE E          7392 NW 35 TERR 206          4TH FLOOR          MIAMI, FL 33145</b>	Name <b>Jorge Stein</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 SE 1st ST #601</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>

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 \_\_\_\_\_

<b>Filing Fee is \$50.00          Due by May 1, 2007</b>	<b>Make check payable to          Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME STEIN, JORGE E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2725 SALZEDO STREET	CITY-ST-ZIP CORAL GABLES, FL 33134	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE MGR	NAME STEIN, JORGE E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7392 NW 35 TERR 206	CITY-ST-ZIP MIAMI, FL 33122	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE T	NAME STEIN, JORGE E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7395 NW 35 TERR 206	CITY-ST-ZIP MIAMI, FL 33122	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **Date:** 02/08/07 **Daytime Phone #** \_\_\_\_\_

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