


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90344 022 ****50.00

DOCUMENT # L05000079525	
1. Entity Name BRICKELL FINANCIAL CENTRE, LLC	

Principal Place of Business 600 BRICKELL AVENUE, #800 MIAMI, FL 33131	Mailing Address 600 BRICKELL AVENUE, #800 MIAMI, FL 33131
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60033829



2. Principal Place of Business - No P.O. Box # 777 Brickell Avenue	3. Mailing Address 777 Brickell Avenue
Suite, Apt. #, etc. Suite 808	Suite, Apt. #, etc. Suite 808
City & State Miami, FL	City & State Miami, FL
Zip 33131	Country USA

03282007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent SEVILLA, CHARLOTTE R 600 BRICKELL AVE STE 800 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name Loretta Cockrum	
Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue	
Suite 808	
City Miami	FL Zip Code 33131

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 *Loretta Cockrum* *Loretta Cockrum* *3/29/07*
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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERLON INVESTMENTS, LLC 600 BRICKELL AVENUE, #800 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Brickell Avenue, Suite 808 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Loretta Cockrum* *Loretta Cockrum* *3/29/07* *305-358-9807*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #