

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000012857
 1. Entity Name
 PARK PLACE AT BRICKELL LLC



Principal Place of Business C/O PARK PLACE, LLC 1000 BRICKELL AVE, SUITE 1015 MIAMI, FL 33131	Mailing Address C/O PARK PLACE, LLC 1000 BRICKELL AVE., STE. 1015 MIAMI, FL 33131
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02182008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 OJEDA, ALAN
 C/O PARK PLACE, LLC
 1000 BRICKELL AVE., STE. 1015
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARK PLACE HOLDINGS AT BRICKELL LLC 1000 BRICKELL AVE., #1015 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000876363
 04/11/08-80069-024 138.75

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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: [Signature] Date: Feb 19, 08

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