2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90047 034 ***138.75

60030267

04212008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000097355

1. Entity Name
BRICKELL EXECUTIVE OFFICES, LLC

Principal Place of Business	Mailing Address
1200 BRICKELL AVE, SUITE 1950 MIAMI, FL 33131 US	1200 BRICKELL AVE, SUITE 1950 MIAMI, FL 33131 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1296043 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERREIRA, GINA 201 S BISCAYNE BLVD STE 2828 MIAMI, FL 33131	Name: Gina Ferreira Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue, Suite 1950 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 [signature] 4-23-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☒ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	LOPEZ JORDAN, GONZALO	NAME	Brickell Executive Management LLC
STREET ADDRESS	201 S. BISCAYNE BLVD, STE. 2828	STREET ADDRESS	1200 Brickell Avenue, Suite 1950
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33130
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	STEED, SANTIAGO	NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD, STE. 2828	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4-23-08 305-722-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #