2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 19, 2008
Secretary of State

DOCUMENT# L05000116540

Entity Name: 1548 BRICKELL AVENUE, LLC

Current Principal Place of Business:

1548 BRICKELL AVENUE
MIAMI, FL 33129 US

New Principal Place of Business:

1410 20TH STREET
UNIT 214
MIAMI, FL 33129 US

Current Mailing Address:

1410 20TH STREET
UNIT 214
MIAMI BEACH, FL 33139 US

New Mailing Address:

1410 20TH STREET
UNIT 214
MIAMI, FL 33129 US

FEI Number: 20-3901161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC
1410 20TH STREET
UNIT 214
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PIERO, SALUSSOLIA
Address: 1410 20TH STREET UNIT 214
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PIERO, SALUSSOLIA
Address: 1410 20TH STREET UNIT 214
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR ( ) Change (X) Addition
Name: MARQUEZ, ADRIANA
Address: 1410 20TH STREET UNIT 214
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PIERO SALUSSOLIA MGRM 05/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date