

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000119794

1. Entity Name
1001 BRICKELL, LLC



Principal Place of Business
760 NORTHWEST 4TH STREET, STE. 100
MIAMI, FL 33128

Mailing Address
760 NORTHWEST 4TH STREET, STE. 100
MIAMI, FL 33128

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 20-8055256 | 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

UVA, LUIS
760 NW 4TH STEET
100
MIAMI, FL 33128

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000956084

07/22/08-80014-014 138.75

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR UVA, LUIS 760 NORTHWEST 4TH STREET, STE. 100 MIAMI, FL 33128 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ST UVA, LUIS 760 NORTHWEST 4TH STREET, STE. 100 MIAMI, FL 33128 |
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IN THIS SPACE**

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

Luis UVA

PRINT NAME

7/16/08

DATE

305-545-5588

DAYTIME PHONE#