


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000116540		
1. Entity Name 1548 BRICKELL AVENUE, LLC		

Principal Place of Business 1410 20TH STREET UNIT 214 MIAMI, FL 33129 US	Mailing Address 1410 20TH STREET UNIT 214 MIAMI, FL 33129 US
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2. Principal Place of Business - No P.O. Box # 50 W. Mashta Drive Suite, Apt. #, etc. Suite 2 City & State Key Biscayne, FL Zip 33149 Country US	3. Mailing Address 50 W. Mashta Drive Suite, Apt. #, etc. Suite 2 City & State Key Biscayne, FL Zip 33149 Country US
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10302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3901161	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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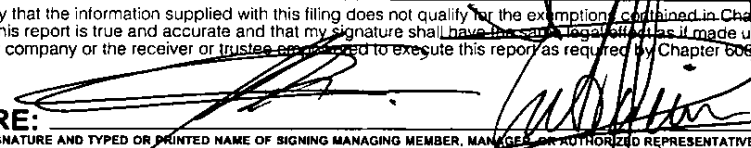
6. Name and Address of Current Registered Agent PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC 1410 20TH STREET UNIT 214 MIAMI BEACH, FL 33139
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7. Name and Address of New Registered Agent Name Roberto Cortes Street Address (P.O. Box Number is Not Acceptable) 50 W. Mashta Drive, Suite 2 City Key Biscayne, FL Zip Code 33149
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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)	DATE 11-18-08
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Amended AR is \$50.00	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	MGRM PIERO, SALUSSOLIA 1410 20TH STREET UNIT 214 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM South Bay Holdings, LLC 50 W. Mashta Drive, Suite 2 Key Biscayne, FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUEZ, ADRIANA 1410 20TH STREET UNIT 214 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400138239234 11/24/08-01061-002 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 exemption 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 606, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 11-18-08 Daytime Phone #

FILED

2008 NOV 26 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

