

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065837

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: BRICKLAND 1, LLC

**Current Principal Place of Business:**

5401 COLLINS AVENUE  
SUITE 1125  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5401 COLLINS AVENUE  
SUITE 1125  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-3094117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAUL FELDMAN, P.A.  
407 LINCOLN ROAD  
SUITE 701  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

PAUL FELDMAN, P.A.  
2750 NE 185 TH ST SUIT  
303  
AVENTURA, FL 33180 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOTTE, EDUARDO  
Address: 5401 COLLINS AVENUE, SUITE # 1125  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR ( ) Delete  
Name: MACCHI, CARLOS  
Address: 5401 COLLINS AVENUE, SUITE # 1125  
City-St-Zip: MIAMI BEACH, FL 33140 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDUARDO FEDERICO BOTTE

MGR

04/24/2009

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