2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093941

Entity Name: BRICKELL CITY CENTRE RETAIL LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE SUITE 600

MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE SUITE 600 MIAMI, FL 33131

FEI Number: 26-3768205 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEARSON, DALIA 501 BRICKELL KEY DRIVE SUITE 600

MIAMI, FL 33131 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: DALIA PEARSON 04/13/2015

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title CEO Title PRESIDENT, ASST. SECRETARY

Name BRADLEY, GUY Name OWENS, STEPHEN L

501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE Address Address

SUITE 600 SUITE 600

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title VΡ Title SECRETARY, TREASURER

Name GANDOLFO, CHRIS Name PEARSON, DALIA

Address 501 BRICKELL KEY DRIVE, SUITE 600 Address 501 BRICKELL KEY DRIVE

SUITE 600

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

VΡ Title ASST. SECRETARY Title

MCMAIN, BEVERLEY CHU, LINDA Name Name

501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE Address Address

SUITE 600 SUITE 600

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

VΡ Title

Name CORTABARRIA, GONZALO Address 501 BRICKELL KEY DRIVE

SUITE 600

MIAMI FL 33131 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DALIA PEARSON

04/13/2015

FILED Apr 13, 2015

Secretary of State

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