

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093941

FILED
Feb 20, 2014
Secretary of State
CC8482064354

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:

TOLAND, GREGG E
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	P/AS
Name	CUBBON, MARTIN	Name	OWENS, STEPHEN L
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
Title	VP	Title	VP
Name	KELLY, MEGAN	Name	GANDOLFO, CHRIS
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
Title	VPST	Title	AS
Name	TOLAND, GREGG E	Name	MCMAIN, BEVERLEY
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

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: STEPHEN L. OWENS

02/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date