

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

04/25/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name CUBBON, MARTIN  
Address 501 BRICKELL KEY DRIVE, SUITE 600  
City-State-Zip: MIAMI FL 33131

Title VP  
Name KELLY, MEGAN  
Address 501 BRICKELL KEY DRIVE, SUITE 600  
City-State-Zip: MIAMI FL 33131

Title ST  
Name PEARSON, DALIA  
Address 501 BRICKELL KEY DRIVE, SUITE 600  
City-State-Zip: MIAMI FL 33131

Title P/AS  
Name OWENS, STEPHEN L  
Address 501 BRICKELL KEY DRIVE, SUITE 600  
City-State-Zip: MIAMI FL 33131

Title VP  
Name GANDOLFO, CHRIS  
Address 501 BRICKELL KEY DRIVE, SUITE 600  
City-State-Zip: MIAMI FL 33131

Title AS  
Name MCMAIN, BEVERLEY  
Address 501 BRICKELL KEY DRIVE, SUITE 600  
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

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date