# 2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000092503

**Entity Name:** 700 BRICKELL CITY CENTRE LLC

**Current Principal  Place of Business:**

501 BRICKELL KEY DRIVE, STE. 600
MIAMI,  FL  33131

**Current Mailing Address:**

501 BRICKELL KEY DRIVE, STE. 600
MIAMI,  FL  33131

**FEI Number: 61-1716965**

**Certificate of Status Desired:** No

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

CHU, LINDA
501 BRICKELL KEY DRIVE, STE. 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:   LINDA CHU                                                                                          09/21/2015

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Electronic Signature of Registered Agent                                                                   Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title             CEO | Title             PRESIDENT, ASST. SECRETARY |
| Name             BRADLEY, GUY | Name             OWENS, STEPHEN L |
| Address             501 BRICKELL KEY DRIVE, STE. 600 | Address             501 BRICKELL KEY DRIVE, STE. 600 |
| City-State-Zip:   MIAMI FL  33131 | City-State-Zip:   MIAMI FL  33131 |
| Title             VP | Title             ASST. SECRETARY |
| Name             GANDOLFO, CHRIS | Name             MCMAIN, BEVERLEY |
| Address             501 BRICKELL KEY DRIVE, STE. 600 | Address             501 BRICKELL KEY DRIVE, STE. 600 |
| City-State-Zip:   MIAMI FL  33131 | City-State-Zip:   MIAMI FL  33131 |
| Title             VP | Title             VP |
| Name             CHU, LINDA | Name             CORTABARRIA, GONZALO |
| Address             501 BRICKELL KEY DRIVE, STE. 600 | Address             501 BRICKELL KEY DRIVE, STE. 600 |
| City-State-Zip:   MIAMI FL  33131 | City-State-Zip:   MIAMI FL  33131 |
| Title             ASST. VP | |
| Name             ALES, EFREN | |
| Address             501 BRICKELL KEY DRIVE, STE. 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                         PRESIDENT                         09/21/2015

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Electronic Signature of Signing Authorized Person(s) Detail                         Date