


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90053 034 ***150.00

DOCUMENT # F02000003845 1. Entity Name BRICKELL OFFICE PLAZA, INC.	
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60002289



01052007 No Chg-NP CR2E037 (4/06)

Principal Place of Business 4400 MACARTHUR BLVD SUITE 720 NEWPORT BEACH, CA 92660	Mailing Address 4400 MACARTHUR BLVD SUITE 720 NEWPORT BEACH, CA 92660
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DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1530243	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRIS, WILLIAM M 4400 MACARTHUR BLVD, STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, JAMES 4400 MACARTHUR BLVD, STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS EVERLY, MICHAEL 4400 MACARTHUR BLVD, STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, WILLIAM M 4400 MACARTHUR BLVD, STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZERBST, ROBERT 4400 MACARTHUR BLVD, STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JAMES 4400 MACARTHUR BLVD, STE 720 NEWPORT BEACH, CA 92660

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/13/07** **(449) 476-1974 x1**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #