2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# F02000003845

Entity Name: BRICKELL OFFICE PLAZA, INC.

Current Principal Place of Business:

4400 MACARTHUR BLVD
SUITE 720
NEWPORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

4400 MACARTHUR BLVD
SUITE 720
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 72-1530243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: HARRIS, WILLIAM M
Address: 4400 MACARTHUR BLVD,STE 720
City-St-Zip: NEWPORT BEACH, CA 92660

Title: P ( ) Delete
Name: BELL, JAMES
Address: 4400 MACARTHUR BLVD,STE 720
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DTS ( ) Delete
Name: EVERLY, MICHAEL
Address: 4400 MACARTHUR BLVD,STE 720
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D ( ) Delete
Name: HARRIS, WILLIAM M
Address: 4400 MACARTHUR BLVD,STE 720
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D ( ) Delete
Name: BELL, JAMES
Address: 4400 MACARTHUR BLVD,STE 720
City-St-Zip: NEWPORT BEACH, CA 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: DICORPO, PETER
Address: 515 S. FLOWER STREET, 31ST FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DTS (X) Change ( ) Addition
Name: EVERLY, MICHAEL
Address: 515 S. FLOWER STREET, 31ST FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: D (X) Change ( ) Addition
Name: DICORPO, PETER
Address: 515 S. FLOWER STREET, 31ST FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BELL DP 02/24/2009

Electronic Signature of Signing Officer or Director — Date