


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F9300000471

1. Entity Name
LODEX BRICKELL, INC.



Principal Place of Business
220 EAST 42ND STREET
27TH FLOOR
NEW YORK, NY 10017

Mailing Address
220 EAST 42ND STREET
27TH FLOOR
NEW YORK, NY 10017



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3696937	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE 105
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PD TANSEY, FRANCIS X 220 EAST 42ND STREET 27TH FLOOR NEW YORK, NY 10017
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUMMERS, BRIAN T 220 EAST 42ND STREET 27TH FLOOR NEW YORK, NY 10017
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUSKI, DAVID 220 EAST 42ND STREET 27TH FLOOR NEW YORK, NY 10017
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/05/05-80016-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: BRIAN T. SUMMERS 4/27/05 212-697-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #