

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F93000000471

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD
NAME TANSEY, FRANCIS X
STREET ADDRESS 220 EAST 42ND STREET 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10017

TITLE VS
NAME SUMMERS, BRIAN T
STREET ADDRESS 220 EAST 42ND STREET 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10017

TITLE TD
NAME LUSKI, DAVID
STREET ADDRESS 220 EAST 42ND STREET 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000360018
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN T. SUMMERS

4/27/05

DATE

212-697-4740

Daytime Phone #