

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

06-02-2002 90903 005 \*\*\*\*50.00

**DOCUMENT # L00000002055**

1. Entity Name

**1401 BRICKELL, LLC**

Principal Place of Business

**255 ALHAMBRA CIRCLE  
 SUITE 1100  
 CORAL GABLES FL 33134**

Mailing Address

**255 ALHAMBRA CIRCLE  
 SUITE 1100  
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BLUMBERG, PHILIP  
 255 ALHAMBRA CIRCLE  
 SUITE 1100  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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 \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  Delete  
 NAME **BLUMBERG, PHILIP**  
 STREET ADDRESS **255 ALHAMBRA CIRCLE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Sole Member & Mgr.**  Change  Addition  
 NAME **American Ventures Property Fund-I, L**  
 STREET ADDRESS **255 Alhambra Circle, Suite 1100**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**American Ventures Property Fund-I, Ltd., a Florida limited partnership, as sole member and manager, by ATRI Trust, a Maryland real estate investment trust, as managing general partner.**  
**SIGNATURE: [Signature]** **DATE: 5-16-02** **PHONE: 305-569-9500**

SIGNATURE OF REGISTERED AGENT, REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

196197

CR2E083 (07/01)