


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002055</b> 1. Entity Name 1401 BRICKELL, LLC	
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Principal Place of Business 255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent  BLUMBERG, PHILIP 255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

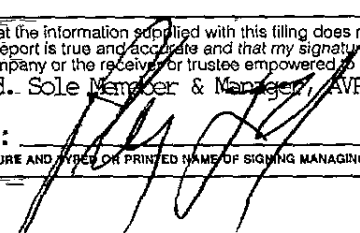
U000000346607  
04/30/05-80080-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN VENTURES PROPERTY FUND-I LTD 255 ALHAMBRA CIRCLE STE 1100 CORAL GABLES, FL 33134
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11. 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 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.

AVPF-I, Ltd., Sole Manager & Manager, AVRI TRUST Managing General Partner by Philip F. Blumberg, Auth.Agent

**SIGNATURE:**  April 25, 2005 305.569.9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #