


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04182006No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

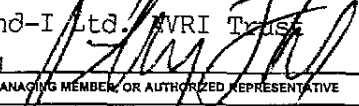
9. MANAGING MEMBERS/MANAGERS

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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U00000559235  
 05/17/06-80127-022 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Venture Property Fund-I Ltd. AVRI Trust  
**SIGNATURE:** Philip F. Blumberg   
 04-25-06 305-569-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #