

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

0015933

DOCUMENT # L00000002055

1. Entity Name

1401 BRICKELL, LLC



04-07-2003 90005 022 ****50.00

| | |
|--|--|
| 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 |
|--------------|--------------|

| | | |
|---------------|-----------------------|----------------|
| 4. FEI Number | NOT APPLICABLE | Applied For |
| | | Not Applicable |

CHECK HERE IF MAKING CHANGES

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$5.00 Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

| | | |
|--|-----------|----------|
| 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. 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 reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | |
|----------------|--|
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | AMERICAN VENTURES PROPERTY FUND-I LTD |
| STREET ADDRESS | 255 ALHAMBRA CIRCLE STE 1100 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

By: **1401 Brickell, LLC, a Florida limited liability company, as general partner** 305.569.9500
 By: **American Ventures Property Fund-I, Ltd, a Florida limited partnership, as sole member and**
 SIGNATURE: By: **AVRI Trust, a Maryland real estate trust, as managing general partner**

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

CR2E083 (10/02)