

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92168 031 ****50.00

DOCUMENT # L00000011855

1. Entity Name

ACP 1110 BRICKELL LLC



Principal Place of Business

**701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

2. Principal Place of Business

444 Brickell Avenue

3. Mailing Address

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1043573

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Stuart K. Hoffman, Esq.

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

1111 Brickell Avenue, Suite 2500

City

Miami,

FL

Zip Code
33131

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ACP 1110 BRICKELL CORP.**
STREET ADDRESS **701 BRICKELL AVENUE, SUITE 3000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **ACP 1110 Brickell Corp.**
STREET ADDRESS **444 Brickell Avenue, Suite 900**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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.

ACP 1110 Brickell LLC

By: **ACP 1110 Brickell Corp.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Allen C. de Olazarra, President

Date

Daytime Phone #

CR2E083 (10/02)