


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000012857 1. Entity Name PARK PLACE AT BRICKELL LLC	
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Principal Place of Business C/O PARK PLACE, LLC 848 BRICKELL AVE., STE. 1010 MIAMI, FL 33131	Mailing Address C/O PARK PLACE, LLC 848 BRICKELL AVE., STE. 1010 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1054528	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

OJEDA, ALAN  
 C/O PARK PLACE, LLC  
 848 BRICKELL AVE., STE. 1010  
 MIAMI, FL 33131

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

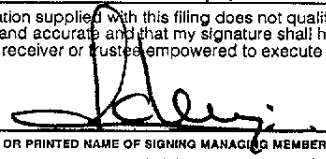
**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEA PARK PLACE LLC 848 BRICKELL AVE., #1010 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

U00000357962  
05/04/05-80093-010 50.00

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.

SIGNATURE:  4/25/05 (305)3715254

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