***2007 LIMITED LIABILITY COMPANY**

ANNUAL REPORT DOCUMENT # L00000015825 FOURTEEN FIFTY ONE BRICKELL, L.L.C. Principal Place of Business Mailing Address 2666 BRICKELL AVE. 2666 BRICKELL AVE. MIAMI, FL 33129 MIAMI, FL 33129

FILED Apr 30, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 04242007 No Chg-LLC

4. FEI Number 65-1092632

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent **HEINZ, HUGO** 2666 BRICKELL AVE.

DO NOT WRITE IN THIS SPACE

the obligations of regi		nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURESignature, type	ed 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, 2007

MIAMI, FL 33129

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	FORTUNATE INVESTMENTS, INC.	
STREET ADDRESS	2666 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33129	
me	MGRM	
NAME	ROAM INVESTMENTS, INC.	
STREET ADDRESS	1200 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITILE	MGRM	
NAME	ABBEY, INC.	
STREET ADDRESS	3100 N. OCEAN BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	. 111	
11. I hereby	certify that the information supplied with this filling does not qualify for the ex-	

000000743609 05/15/07-80116-011 50.00

DO NOT WRITE IN THIS SPACE

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 steet impowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and limited liability company or the report

SIGNATURE:

SIGNATURE AND TO NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4-25-0

Daytime Phone #