
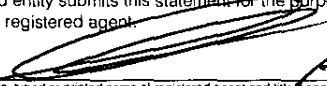
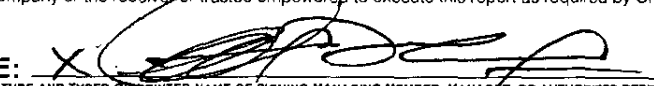


2002-2003

1 of 2

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015825				FILLED	
1. Entity Name Fourteen Fifty One Brickell LLC				03 MAY 20 PM 4:30	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		780 NW 42 Ave			
City & State		Suite, Apt. #, etc.			
Miami FL		516			
Zip	Country	Zip	Country	4. FEI Number	Applied For
33126	USA	33126	USA	105-1092632	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
7. Name and Address of Current Registered Agent					
Name Aurelio A Piedra					
Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 Ave					
516					
City Miami FL Zip Code 33126					
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  Aurelio A Piedra 3/31/03					
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	TITLE	NAME		
NAME	Fortunate Invest Inc.	NAME			
STREET ADDRESS	1414 Brickell Ave.	STREET ADDRESS			
CITY-ST-ZIP	Miami FL 33131	CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME		
NAME	Roam Invest Inc.	NAME			
STREET ADDRESS	1206 Brickell Ave.	STREET ADDRESS			
CITY-ST-ZIP	Miami FL 33133	CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME		
NAME	Abbey Inc	NAME			
STREET ADDRESS	3100 N Ocean Blvd.	STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale FL 33308	CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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.					
SIGNATURE:  3/31/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CRZE083B (12/02)

29/2

Miami, April 29, 2003

Division of corporation

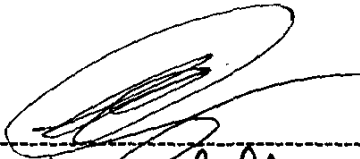
Dear Sirs:

I have never received my annual report due to the fact that I was out of town, and the mail address was wrong.

Please abate the penalties accordingly

Don't hesitate to contact me if you have any questions, at my new registered agent address

Sincerely



Fourteen Fifty one Brickell LLC
Walter Deford wa.