

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000003653

1. Entity Name  
BRICKELL REALTY INVESTORS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 13 AM 10:48

Principal Place of Business  
P.O. BOX 728  
PALMBEACH FL 33480

Mailing Address  
P.O. BOX 728  
PALMBEACH FL 33480

2. Principal Place of Business  
P.O. Box 311

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Palm Beach, FL

City & State

Zip  
33480

Country

Palm Beach

Zip

Country

05182005 REIN-LLC

CR2E101 (6/04)

4. FEI Number  
52-2301686

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.  
C/O GREENBERG, TRAUIG, P.A.  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name  
STUART C. FISHER ESQ

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

164 SEMINOLE AVE NW

City

Palm Beach

FL

Zip Code

33480

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.

STUART C. FISHER ESQ

(NOTE: Registered Agent signature required when reinstating)

(561) 714-5989

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FISHER, TAMARA J  
164 SEMINOLE AVE  
PALM BEACH, FL 33480

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700054865957  
05/19/05--01076--001 \*\*105.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 04-05

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

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

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

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

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:

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

5/18/05 (561) 714-5989

Date

Daytime Phone #