

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90001 046 \*\*\*155.00

DOCUMENT # L010000006224 ✓

1. Entity Name

501 BRICKELL PARTNERS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

173 ROOT TRAIL

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

PALEMBACH, FLA

City & State

SAME

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1097280

Applied For

Not Applicable

5. Certificate of Status Desired

X **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

PEDRO MARTIN ESQ

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

C/O GREENBERG TRAMER

1221 BRICKELL AVE

City

MIAMI

FL

Zip

33133

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MBN</u> <u>TAMARA FISHER</u> <u>173 ROOT TRAIL</u> <u>PALEMBACH, FLA</u> <u>33480</u>
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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)(f), 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

Date

Daytime Phone #

6/5/02 (561) 818-2252

CR2E083B (12/01)