

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90615 029 ****50.00

DOCUMENT # L01000015227 1. Entity Name BRICKLAND DEVELOPERS, L.L.C.					
Principal Place of Business 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870			Mailing Address 1699 CORAL WAY #512 MIAMI, FL 33145		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1134093	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870			7. Name and Address of New Registered Agent Name RICARDO MARTINEZ-CID Street Address (P.O. Box Number is Not Acceptable) 1699 CORAL WAY STE. #510 City MIAMI FL Zip Code 33145		
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 <u>RICARDO MARTINEZ-CID</u> <small>Signature, typed or printed name of registered agent, and file if applicable.</small>				DATE <u>2/21/03</u> <small>(NOTE: Registered Agent Signature is required when changing notating)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input checked="" type="checkbox"/> Delete NAME BOWERS, ALEJANDRO STREET ADDRESS 129 SOUTH COMMERCE AVENUE CITY-ST-ZIP SEBRING, FL 33870			TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CARLOS A. MACCHI STREET ADDRESS 1699 CORAL WAY STE. 512 CITY-ST-ZIP MIAMI, FLORIDA 33145		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME FEDERICO HOLLMANN STREET ADDRESS 1699 CORAL WAY STE. 512 CITY-ST-ZIP MIAMI, FLORIDA 33145		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u>CARLOS A. MACCHI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>2/21/03</u> DAYTIME PHONE # <u>305 859-7494</u>	

CR2E083 (10/02)