

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017022

FILED
Apr 21, 2008
Secretary of State

Entity Name: BRICKELL BAY CAPITAL FUND, LLC

Current Principal Place of Business:

4325 WOODLAND PARK DRIVE
SUITE 104
W. MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

4325 WOODLAND PARK DRIVE
SUITE 104
W. MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 65-1145381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRONE, STEPHEN L
4325 WOODLAND PARK DRIVE
SUITE 104
W. MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JARAMILLO, SUSAN M
Address: 4325 WOODLAND PARK DRIVE, SUITE 104
City-St-Zip: W. MELBOURNE, FL 32904

Title: MGR () Delete
Name: PERRONE, STEPHEN L
Address: 4325 WOODLAND PARK DRIVE, SUITE 104
City-St-Zip: W. MELBOURNE, FL 32904

Title: MGR () Delete
Name: REY, JOSEPH
Address: 4325 WOODLAND PARK DRIVE, SUITE 104
City-St-Zip: W. MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN L PERRONE

MGR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date