

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018589

FILED  
Sep 06, 2006  
Secretary of State

**Entity Name:** BRICKELL VIZCAYA REALTY ADVISORS, L.L.C.

**Current Principal Place of Business:**

13035 SW 132ND AVE  
MIAMI, FL 33186

**New Principal Place of Business:**

12050 SW 132 CT  
211  
MIAMI, FL 33186

**Current Mailing Address:**

13035 SW 132ND AVE  
MIAMI, FL 33186

**New Mailing Address:**

12050 SW 132 CT  
211  
MIAMI, FL 33186

FEI Number: 65-1151076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SALAZAR, LISETTE ESQ.  
240 BRICKELL AVE. SUITE 266  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

SALAZAR, LISETTE ESQ.  
260 CRANDON BLVD. STE 48  
KEY BISCAYNE, FL 33149 US

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: LISETTE SALAZAR, ESQ

09/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REYES, JORGE L  
Address: 13035 SW 132ND AVE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REYES, JORGE L  
Address: 12050 SW 132 CT # 211  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE L. REYES

PRES

09/06/2006

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