

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001666

FILED
Mar 13, 2007
Secretary of State

Entity Name: BRICKELL KEY CONSULTING, L.L.C.

Current Principal Place of Business:

808 BRICKELL KEY DR
APT 1903
MIAMI, FL 33131

New Principal Place of Business:

1111 BRICKELL AVE.
SUITE 1100
MIAMI, FL 33131 US

Current Mailing Address:

808 BRICKELL KEY DR
APT 1903
MIAMI, FL 33131

New Mailing Address:

1111 BRICKELL AVE.
SUITE 1100
MIAMI, FL 33131 US

FEI Number: 01-0578193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE LEON, KIRK D ESQ.
44 WEST FLAGLER STREET
SUITE 325
MIAMI, FL 33130 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: SCHAEER, ERIC
Address: 1111 BRICKELL AVE SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: ZINKHOFER, PETER A
Address: 808 BRICKELL KEY DR 1903
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHAEER, ERIC
Address: 1111 BRICKELL AVE SUITE 1100
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Change () Addition
Name: ZINKHOFER, PETER A
Address: 808 BRICKELL KEY DR 1903
City-St-Zip: MIAMI, FL 33131 US

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: ERIC SCHAEER

MGR

03/13/2007

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