2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000018017

1. Entity Name

BRICKELL BAY PLAZA, LLC



FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90075 046 ****50.00



Principal Plac	e of Business	5	Mailing Address								
100 S. BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131			100 S. BISCAYNE BUMIAMI FL 33131	100 S. BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131					v	·	
						_					
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE CR2E083 (11/03)				
City & State			City & State	City & State			## Rel Number Applied For Not Applicable Not Applicable				
Zip		Country	Zip	Country	/	5. Certifica	te of Status Desired	\$5.00 Additional Fee Required			
	6. Name	and Address of Curre	ent Registered Agent			7. Name ar	nd Address of New Re	gistered A	ent		
* * ** **		المانشانية	•		Name	۔ د د حود	. 14 - 12 - 1		1	-	
HOLLO, JEROME S 100 S BISCAYNE BLVD STE 1100					Street Address (P.O. Box Number is Not Acceptable)						
MIA	MI FL 33	131									
					City			FL	Zip Code)	
8. The above	named entity	y submits this statemer	nt for the purpose of changing i	its registered	office or regist	tered agent, or b	oth, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE .	tions of regist	ered agent.									
SIGNATORE.	Signature, typed	or printed name of registered as	gent and title if applicable. (No	OTE: Registered A	gent signature requir	red when reinstating)		DATE		· · · · · · · · · · · · · · · · · · ·	
			FILE	NOW!!! FE	E IS \$50.00	programme programme					
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				ue By May						'	
9.		MANAGING MEN	MBERS/MANAGERS	10.		Water Water Street	ADDITIONS/C	HANGES			
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NAME	BRICKELL BAY PLAZA, INC.							'			
STREET ADDRESS				STREET	ADDRESS				•		
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NAME			☐ Delete	TITLE NAME				1	Change	Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-ST	- 1						
11. I hereby d	certify that the	e information supplied	with this filing does not qualify	for the exemp	otion stated in S	Section 119.07(3	3)(i), Florida Statutes, I f	urther certif	v that the in	formation	

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #