

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90313 004 \*\*\*138.75

**DOCUMENT # L02000018017**

1. Entity Name  
**BRICKELL BAY PLAZA, LLC**



Principal Place of Business  
**100 S. BISCAYNE BLVD., SUITE 1100**  
**MIAMI, FL 33131**

Mailing Address  
**100 S. BISCAYNE BLVD., SUITE 1100**  
**MIAMI, FL 33131**

**60025923**



2. Principal Place of Business - No P.O. Box #  
**100 S Biscayne Blvd**

3. Mailing Address  
**100 S Biscayne Blvd**

Suite, Apt. #, etc.  
**Ste 900**

Suite, Apt. #, etc.  
**Ste 900**

City & State  
**miami FL**

City & State  
**miami FL**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**82-0554741**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**HOLLO, JEROME S**  
**100 S BISCAYNE BLVD STE 4400-900**  
**MIAMI, FL 33131**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**Ste 900**

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
**MGRM**  
**BRICKELL BAY PLAZA, INC.**  
STREET ADDRESS  
**100 S. BISCAYNE BLVD., SUITE 1100**  
CITY-ST-ZIP  
**MIAMI, FL 33131**

☐ Delete

TITLE  
NAME  
**MGR**  
**HOLLO, WAYNE**  
STREET ADDRESS  
**100 S BISCAYNE**  
CITY-ST-ZIP  
**MIAMI, FL 33131**

☐ Delete

TITLE  
NAME  
**MGR**  
**HOLLO, JEROME**  
STREET ADDRESS  
**100 S BISCAYNE**  
CITY-ST-ZIP  
**MIAMI, FL 33131**

☐ Delete

TITLE  
NAME  
**MGR**  
**HOLLO, TIBOR**  
STREET ADDRESS  
**100 S BISCAYNE**  
CITY-ST-ZIP  
**MIAMI, FL 33131**

☐ Delete

TITLE  
NAME  
**MGR**  
**KAASMAN, BRUCE**  
STREET ADDRESS  
**100 S BISCAYNE**  
CITY-ST-ZIP  
**MIAMI, FL 33131**

☐ Delete

TITLE  
NAME  
**MGR**  
**KATZ, LEONARD**  
STREET ADDRESS  
**100 S BISCAYNE**  
CITY-ST-ZIP  
**MIAMI, FL 33131**

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #