


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

**60025923**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 100 S Biscayne Blvd Ste 900 100 S Biscayne Blvd Ste 900  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 miami FL miami FL

Zip Country Zip Country  
 33131 USA 33131 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 \_\_\_\_\_ (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		10. ADDITIONS/CHANGES	
TITLE NAME	MGRM BRICKELL BAY PLAZA, INC. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR HOLLO, WAYNE <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	100 S BISCAYNE MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR HOLLO, JEROME <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	100 S BISCAYNE MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR HOLLO, TIBOR <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	100 S BISCAYNE MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR KAASMAN, BRUCE <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	100 S BISCAYNE MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR KATZ, LEONARD <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	100 S BISCAYNE MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	

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: *Leonard Katz* 4-1-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #