


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90069 012 ****55.00

DOCUMENT # L02000021386

1. Entity Name
BROOKSIDE-PHASE II, LLC



Principal Place of Business
**1600 BRICKELL AVENUE, SUITE 1
 MIAMI, FL 33129**

Mailing Address
**1600 BRICKELL AVENUE, SUITE 1
 MIAMI, FL 33129**

40059414

2. Principal Place of Business
1300 NW 167th St

3. Mailing Address
Same

Suite, Apt. #, etc.
#3

City & State
MIAMI FL

Zip
33169

Country
USA



03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEGAL ASSETS, INC. 1401 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33134		Name Charles O. Morgan, Jr.	
		Street Address (P.O. Box Number is Not Acceptable) 1300 NW 167th St.	
		Suite 3	
		City Miami	
		FL Zip Code 33169	


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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SUGARBAKER, EVERETT V 1500 BRICKELL AVE. MIAMI, FL 331291240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Man/Pres Rep. Charles O. Morgan, Jr. 1300 NW 167th St. Miami, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Charles O. Morgan, Jr. Member/Man/Pres Rep** 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #