

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90054 005 \*\*\*\*50.00

**DOCUMENT # L02000023319**

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



Principal Place of Business Mailing Address  
**501 BRICKELL KEY DRIVE, STE. 504** **501 BRICKELL KEY DRIVE, STE. 504**  
**MIAMI FL 33131** **MIAMI FL 33131**

**44005014**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, HUMBERTO L ESO**  
**501 BRICKELL KEY DRIVE, STE. 504**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Managing Member/Principal</b> <b>Sally Ann Digby Smith</b> <b>1155 Brickell Bay Drive</b> <b>Miami, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **Sally Ann Digby Smith** **Date** **Daytime Phone #**

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

CR2E083 (10/02)

*attachment*

*44005014*

*#102000023319*

**HOWE, ROBINSON & WATKINS, LLP**

*Attorneys at Law*

Courvoisier Centre I, Suite 504

501 Brickell Key Drive, Miami, FL 33131

Telephone (305) 377-3352 Fax (305) 377-1422

June 21, 2003

**VIA U. S. MAIL**

Division of Corporations

P. O. Box 6478

Tallahassee, FL 32314

**Re: Brickell Bay Mark, LLC ("Brickell Bay")- L020000023319**

Dear Sir or Madam:

Enclosed is the annual report for Brickell Bay Mark LLC with the corrections requested in your letter of May 27, 2003. Please file the annual report as soon as possible. Thank you.

Sincerely,

*Alicia M. Robinson*  
Alicia M. Robinson, legal assistant

/amr

Enclosures