2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024301

1. Entity Name BRICKELL MARKETPLACE, LLC

FILED
Jan 23, 2006 08:00 AM
Secretary of State

Principal Place of Business

15 EAST 5TH STREET SUITE 2700 TULSA, OK 74103 US Mailing Address

15 EAST 5TH STREET SUITE 2700 TULSA, OK 74103 US



DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1550835 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURDOCH, ROBERT E 790 E. BROWARD BOULEVARD SUITE 400 FORT LAUDERDALE, FL 33301

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Davime Phone #

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, typod or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when refristating) DATE				
Filing Fee is \$50.00 Due by May 1, 2006				
3.	MANAGING MEMBERS/MANAGERS			
THTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERVEST MANAGEMENT, LTD. 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103		1100000000000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/01/06-80021-009 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE