

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029687

FILED
Mar 26, 2007
Secretary of State

Entity Name: BRICKELL GROVE INVESTMENTS, LLC

Current Principal Place of Business:

1330 CORAL WAY
SUITE 302
MIAMI, FL 33145 US

New Principal Place of Business:

2225 SW 19TH AVE
MIAMI, FL 33145 US

Current Mailing Address:

1330 CORAL WAY
SUITE 302
MIAMI, FL 33145 US

New Mailing Address:

2225 SW 19TH AVE
MIAMI, FL 33145 US

FEI Number: 22-3885616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDO A. CARRILLO, PA
1330 CORAL WAY
SUITE 302
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HERNANDO A. CARRILLO, PA
2225 SW 19TH AVE
MIAMI, FL 33145 US

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.

SIGNATURE: HERNANDO A. CARRILLO

03/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARRILLO, SHERRY
Address: 1330 CORAL WAY, SUITE 302
City-St-Zip: MIAMI, FL 33145 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARRILLO, SHERRY
Address: 2225 SW 19TH AVE
City-St-Zip: MIAMI, FL 33145 US

Title: MGR () Change (X) Addition
Name: CARRILLO, HERNANDO A
Address: 2225 SW 19TH AVE
City-St-Zip: MIAMI, FL 33145 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERRY CARRILLO

MGR

03/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date