

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005310

FILED  
Mar 31, 2004  
Secretary of State

**Entity Name:** BRICKELL CORNER INVESTMENTS, LLC

**Current Principal Place of Business:**

536 BILTMORE WAY  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

536 BILTMORE WAY  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 57-1152637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUEVAS & RUBIN, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

CUEVAS & ORTIZ, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 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:** ANDREW CUEVAS ESQ

03/31/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** PEREZ, GUILLERMO  
**Address:** 536 BILTMORE WAY  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM ( ) Delete  
**Name:** BARBERA, JACQUES  
**Address:** 536 BILTMORE WAY  
**City-St-Zip:** CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** GUILLERMO PEREZ

MGRM

03/31/2004

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