

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-16-2004 90163 006 ****55.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

34000893

DOCUMENT # L03000009332			
1. Entity Name BRICKELL RESEARCH LLC			
Principal Place of Business 1111 BRICKELL BAY DRIVE, STE. 3201 MIAMI, FL 33131		Mailing Address 1111 BRICKELL BAY DRIVE, STE. 3201 MIAMI, FL 33131	
2. Principal Place of Business 1893 SW 3rd St. Suite, Apt. #, etc.		3. Mailing Address 1893 SW 3rd St. Suite, Apt. #, etc.	
City & State Pompano Beach FL		City & State Pompano Beach FL	
Zip 33069		Zip 33069	
Country		Country	
4. FEI Number 45-0506450		Applied For Not Applicable	
5. Certificate of Status Desired 1		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, TED 88 NE 168 STREET NORTH MIAMI BEACH, FL 33162		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)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR GILINSKI, ISAAC 1111 BRICKELL BAY DRIVE, STE. 3201 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1893 SW 3rd St. Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR GILINSKI, SAUL 1111 BRICKELL BAY DRIVE, STE. 3201 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1893 SW 3rd St. Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MOREY, EDWARD 1111 BRICKELL BAY DRIVE, STE. 3201 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1893 SW 3rd St. Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MOREY, ROBERT 1111 BRICKELL BAY DRIVE, STE. 3201 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1893 SW 3rd St. Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____ Daytime Phone # _____			