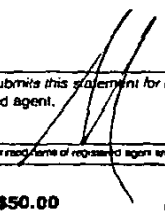
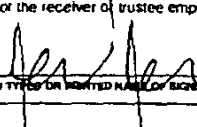


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

04-27-2005 90036 034 ****50.00

DOCUMENT # L03000040714				
1. Entity Name BRICKELL YACHT CLUB AT FOUR AMBASSADORS, L.L.C.				
Principal Place of Business 3052 S.W. 27TH AVE. #101 MIAMI, FL 33133		Mailing Address 3052 S.W. 27TH AVE. #101 MIAMI, FL 33133		
2. Principal Place of Business 2200 South Dixie Hwy		3. Mailing Address 2200 South Dixie Hwy		
Suite, Apt. #, etc. Suite 705		Suite, Apt. #, etc. Suite 705		
City & State Coconut Grove, FL		City & State Coconut Grove, FL		
Zip 33133	Country Dade	Zip 33133	Country Dade	
4. FEI Number 20-1947318		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RENZI, RENZO - 3052 SW 27TH AVE #101 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name - Renzi, Renzo Street Address (P.O. Box Number is Not Acceptable) 2200 South Dixie Hwy Suite 705 City Coconut Grove, FL Zip Code 33133		
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  Renzo Renzi		DATE 4/15/05		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENZI, RENZO 3052 S.W. 27TH AVE. #101 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renzi, Renzo ☒ Change ☐ Addition 201 Crandon Blvd. #163 Key Biscayne, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENZI, PASQUALE 3052 S.W. 27TH AVE. #101 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renzi, Pasquale ☒ Change ☐ Addition 7120 West Lago Dr. Coral Gables, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.				
SIGNATURE:  Pasquale Renzi		DATE 4/15/05 Daytime Phone # 305-858-2286		

30009901



04182005 Chg-LLC CR2E083 (10/03)