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Secretary of State

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040714

1. Entity Name
BRICKELL YACHT CLUB AT FOUR AMBASSADORS, L.L.C.

30009901

Principal Place of Business	Mailing Address
3052 S.W. 27TH AVE. #101 MIAMI, FL 33133	3052 S.W. 27TH AVE. #101 MIAMI, FL 33133

04182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2200 South Dixie Hway	2200 South Dixie Hway
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 Hway
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 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 201 Crandon Blvd. #163 Key Biscayne, FL 33149	☒ Change ☐ Addition
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 7120 West Lago DR. Coral Gables, FL 33143	☒ 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
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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)(i), 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: Pasquale Renzi 4/15/05 305-858-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #