

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90113 003 ****50.00

DOCUMENT # L03000040722

1. Entity Name
1701 BRICKELL APARTMENT'S, LLC



Principal Place of Business
1701 SW 2 AVE
MIAMI, FL 33129

Mailing Address
1701 SW 2 AVE
MIAMI, FL 33129

20052798



2. Principal Place of Business
1600 SW 2 AVE

3. Mailing Address
1600 SW 2 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-LLC CR2E083 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
77-0630179

Applied For
Not Applicable

Zip
33129

Country
USA

Zip
33129

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUERTAS, ERNESTO
6216 SW 8TH ST
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name SANTIAGO VANEGAS MOTTA

Street Address (P.O. Box Number is Not Acceptable)

1600 SW 2 AVE

City MIAMI

FL

Zip Code 33129

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME VANEGAS, SANTIAGO ☐ Delete
STREET ADDRESS 1701 SW 2 AVE
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1600 SW 2 AVE
CITY-ST-ZIP MIAMI FL 33129

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/25/05