2007 LIMITED LIABILITY COMPANY ANNUAL REPORT					
DOCUMENT # L03000041081				FILED	
1. Entity Name					
FITTIPALDI BRICKELL DEVELOPERS I, LLC				07 MAY 10 PM 3:09	
Principal Plac		Mailing Address		SECRETARY OF STATE	
123 SE 3RD 352	AVE	1001 BRICKELL BAY DRIVE 9th Fl		TALLAHASSEE, FLORIDA	
MIAMI, FL 3	3131	MIAMI, FL 33131		T T T T T T T T T T T T T T T T T T T	
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_		.		01192007 No Chg-LLC CR2E083 (11/05)	
	DO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For	
				20-0339708 Not Applicabl	
				5. Certificate of Status Desired Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					
BAKHAI, KASHYAP D				DO NOT WRITE	
1001 BRICKELL BAY DRIVE					
MIAMI, FL 33131				IN THIS SPACE	
 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					
Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS					
9. TITLE	MGRM	RS/MANAGERS	1		
NAME	FITTIPALDI, EMERSON				
STREET ADDRESS CITY-ST-ZIP	735 CRANDON BLVD. #503 MIAMI, FL 33149		l l	000103023390	
TITLE				05/22/0701035005 **900.00	
NAME					
STREET ADDRESS City-St-Zip					
TITLE	· · · · · · · · · · · · · · · · · · ·		1		
NAME STREET ADDRESS					
CITY-ST-ZIP				DO NOT WRITE	
TITLE				IN THIS SPACE	
NAME STREET ADDRESS					
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TITLE					
NAME STREET ADDRESS			1		
CITY - ST - ZIP			1		
title Name					
STREET ADDRESS			1		
CITY-ST-ZIP			I		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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: 4/23/07					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF AGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date					

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