

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

| <b>DOCUMENT # L03000042829</b><br>1. Entity Name<br><b>BH BRICKELL VISTA 45, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                    |                                                                                  |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Principal Place of Business<br><b>1200 E PONCE DE LEON BLVD</b><br><b>MIAMI, FL 33134 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                    | Mailing Address<br><b>1200 E PONCE DE LEON BLVD</b><br><b>MIAMI, FL 33134 US</b> |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                    | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                    | City & State                                                                     |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | Country                                                            |                                                                                  | Zip                                                                                                               |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Country                                                            |                                                                                  | 4. FEI Number<br><b>22-3898757</b>                                                                                |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                    |                                                                                  | Applied For<br>Not Applicable                                                                                     |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERNANDEZ, OMAR A</b><br><b>1200 E PONCE DE LEON BLVD</b><br><b>MIAMI, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                    |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                    |                                                                                  | FL Zip Code                                                                                                       |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                    |                                                                                  |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                                  |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, OMAR A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 E PONCE DE LEON BLVD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33134</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |                           |                                                                    |                                                                                  |                                                                                                                   |                                                                   | 9. MANAGING MEMBERS/MANAGERS |  |  | 10. ADDITIONS/CHANGES |  |  | TITLE | MGRM | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | HERNANDEZ, OMAR A |  | NAME |  |  | STREET ADDRESS | 1200 E PONCE DE LEON BLVD |  | STREET ADDRESS |  |  | CITY-ST-ZIP | MIAMI, FL 33134 |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                    | 10. ADDITIONS/CHANGES                                                            |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MGRM                      | <input type="checkbox"/> Delete                                    | TITLE                                                                            |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HERNANDEZ, OMAR A         |                                                                    | NAME                                                                             |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1200 E PONCE DE LEON BLVD |                                                                    | STREET ADDRESS                                                                   |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MIAMI, FL 33134           |                                                                    | CITY-ST-ZIP                                                                      |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                    |                                                                                  |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                    |                                                                                  | 04/26/06 (305) 442-7575                                                                                           |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                    |                                                                                  |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                 |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |