

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044888

Entity Name: R & A BRICKELL, LLC

FILED
Jul 10, 2007
Secretary of State

Current Principal Place of Business:

6175 N.W. 167 STREET, SUITE G-14
MIAMI, FL 33015

New Principal Place of Business:

4748 N.W. 167 STREET
MIAMI GARDENS, FL 33014

Current Mailing Address:

6175 N.W. 167 STREET, SUITE G-14
MIAMI, FL 33015

New Mailing Address:

4748 N.W. 167 STREET
MIAMI GARDENS, FL 33014

FEI Number: 87-0713558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CISNEROS, AMELINA G
6175 N.W. 167 STREET, SUITE G-14
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

CISNEROS, AMELINA G
4748 N.W. 167 STREET
MIAMI GARDENS, FL 33014 US

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.

SIGNATURE: AMELINA G. CISNEROS

07/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CISNEROS, AMELINA G
Address: 6175 N.W. 167 STREET, SUITE G-14
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CISNEROS, AMELINA G
Address: 4748 N.W. 167 STREET
City-St-Zip: MIAMI GARDENS, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMELINA CISNEROS

MGR

07/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date