

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90057 016 \*\*\*\*50.00

20051535



<b>DOCUMENT # L03000045826</b> 1. Entity Name <b>INFINITY AT BRICKELL, LLC</b>					
Principal Place of Business <b>2200 NW CORPORATE BLVD, STE 401 BOCA RATON, FL 33431</b>			Mailing Address <b>2200 NW CORPORATE BLVD, STE 401 BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>515 E. Las Olas Boulevard</b> <small>Suite, Apt. #, etc.</small> <b>Suite 1050</b> <small>City &amp; State</small> <b>Fort Lauderdale, FL</b> <small>Zip</small> <b>33301</b> <small>Country</small> <b>USA</b>		3. Mailing Address <b>515 E. Las Olas Boulevard</b> <small>Suite, Apt. #, etc.</small> <b>Suite 1050</b> <small>City &amp; State</small> <b>Fort Lauderdale, FL</b> <small>Zip</small> <b>33391</b> <small>Country</small> <b>USA</b>			
4. FEI Number <b>20-0371560</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			04012005     Chg-LLC     CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  <b>HCRM CORP.</b> <b>2200 NW CORPORATE BLVD, STE 401</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <small>City</small> <b>FL</b> <small>Zip Code</small>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>MGR</b> <b>COLONIAL MANAGER, INC.</b> <input checked="" type="checkbox"/> Delete <b>2200 NW CORPORATE BLVD STE 401</b> <b>BOCA RATON, FL 33431</b>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Infinity Manager, Inc.</b> <b>515 E. Las Olas Boulevard, Suite 1050</b> <b>Fort Lauderdale, FL 33301</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <b>Daniel E. Adache</b> 4/18/05     954-524-0607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #</small>					