

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

05-02-2005 90085 017 ****50.00

30009094



03042005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000056823
 1. Entity Name
BRICKELL DEVELOPERS, LLC



Principal Place of Business
**250 GIRALDA AVENUE
 CORAL GABLES, FL 33134**

Mailing Address
**250 GIRALDA AVENUE
 CORAL GABLES, FL 33134**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **20-2953050** Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent
**SANTANA, FRANCIS X ESQ,
 250 GIRALDA AVENUE
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Delete
NAME	NUNEZ, ALEJANDRO	
STREET ADDRESS	250 GIRALDA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: _____ **Date:** **4/15/05** **Daytime Phone #:** **305 7746222**

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

ATTACHMENT 30009054
L03000656823



Internal Revenue Service

The
Digital
Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-2953050

Today's Date is: June 07, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

ATTACHMENT 30009094
L03000056823

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-2953050 OMB No. 1545-0003															
1* Legal name of entity (or individual) for whom the EIN is being requested BRICKELL DEVELOPERS LLC																	
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name															
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 250 GIRALDA AVENUE		5a Street address (if different) (Do not enter a P.O. box)															
4b* City, state, and ZIP code CORAL GABLES FL 33134 -		5b City, state, and ZIP code															
6* County and state where principal business is located County DADE State FL																	
7a* Name of principal officer, general partner, grantor, owner, or trustor ALEJANDRO NUNEZ		7b* SSN, ITIN, EIN 266-25-5553															
8a* Type of entity (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ </td> <td style="width: 33%; border: none;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶ </td> <td style="width: 33%; border: none;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶	<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises												
<input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶	<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises															
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country															
9* Reason for applying (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶													
<input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶																
10* Date business started or acquired (month, day, year) DEC 26 2003		11* Closing month of accounting year DEC															
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶																	
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>																	
		Agriculture <u>0</u> Household <u>0</u> Other <u>0</u>															
14* Check box that best describes the principal activity of your business <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;"><input type="checkbox"/> Construction</td> <td style="width: 20%; border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="width: 20%; border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td style="width: 20%; border: none;"><input type="checkbox"/> Health care & social assistance</td> <td style="width: 20%; border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="5" style="border: none;"><input type="checkbox"/> Other (specify)</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker													
<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other													
<input type="checkbox"/> Other (specify)																	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. 0																	
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>																	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																	
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																	
Third Party Designee	Designee's name VERELIS PUIG Address and ZIP code 6424 SW 38 STREET MIAMI FL 33155 -	Designee's telephone number (include area code) (305) 774 - 6222 Designee's fax number (include area code) (305) 774 - 9009															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)															

ATTACHMENT 30009094

03000056823

▶ <u>ALEJANDRO NUNEZ</u> Signature ▶ Not Required	Date ▶ June 07, 2005 GMT	(305) 582 - 4317 Applicant's fax number (include area code) (305) 774 - 9009
---	--------------------------	--