
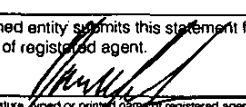
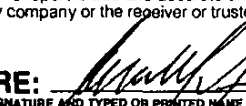


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90382 024 ****50.00

DOCUMENT # L04000005510 1. Entity Name BRICKELL LEASE PARTNERS, LLC			
Principal Place of Business 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131		Mailing Address 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 1401 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 500 City & State MIAMI, FLORIDA Zip 33131		3. Mailing Address 1401 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 500 City & State MIAMI, FLORIDA Zip 33131	
4. FEI Number 20-0626847		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FELIPE, MARCELL ESQ. 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Marcell Felipe, Esq. Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Ave., Suite 500 City MIAMI FL Zip Code 33131	
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 3/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIAMI CAPITAL PARTNERS, LLC 888 BRICKELL AVENUE, 5TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIAMI CAPITAL PARTNERS, LLC 1401 BRICKELL AVE, SUITE 500 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERARDO A. VAZQUEZ, PA 601 BRICKELL KEY DR., STE. 802 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERARDO A. VAZQUEZ, PA 1401 BRICKELL AVE, SUITE 500 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 3/10/05 Daytime Phone # 305.381.8500	

20022176



03092005 Chg-LLC CR2E083 (10/03)