

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

06-15-2006 90098 003 \*\*\*\*50.00

DOCUMENT # L04000005510

1. Entity Name  
BRICKELL LEASE PARTNERS, LLC



Principal Place of Business  
1401 BRICKELL AVENUE  
SUITE 500  
MIAMI, FL 33131 US

Mailing Address  
1401 BRICKELL AVENUE  
SUITE 500  
MIAMI, FL 33131 US

40055001



2. Principal Place of Business

1401 Brickell Ave.

3. Mailing Address

1401 Brickell Ave.

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

Miami

City & State

Miami

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-0626847

Applied For  
Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

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

6. Name and Address of Current Registered Agent

FELIPE, MARCELL ESQ  
1401 BRICKELL AVENUE  
SUITE 500  
MIAMI, FL 33131

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 (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME MIAMI CAPITAL PARTNERS, LLC  
STREET ADDRESS 1401 BRICKELL AVENUE SUITE 500  
CITY - ST - ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME GERARDO A. VAZQUEZ, PA  
STREET ADDRESS 1401 BRICKELL AVENUE SUITE 500  
CITY - ST - ZIP MIAMI, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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.

SIGNATURE: (NOTE: Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone #