

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90021 046 ***138.75

DOCUMENT # L04000028224



1. Entity Name
CL BRICKELL VILLAGE, L.L.C.

Principal Place of Business
5825 SUNSET DRIVE, SUITE 309
SOUTH MIAMI, FL 33143

Mailing Address
5825 SUNSET DRIVE, SUITE 309
SOUTH MIAMI, FL 33143

60036829

2. Principal Place of Business - No P.O. Box #

900 S MIAMI AVE

3. Mailing Address

Suite, Apt. #, etc.

STE 172

Suite, Apt. #, etc.

04212008

Chg-LLC

CR2E083 (12/06)

City & State

MIAMI FL

City & State

4. FEI Number

20-1065495

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLANOS, TRUXTON, P.A.
2121 PONCE DE LEON BLVD., SUITE 600
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BEINER, EDWARD W
STREET ADDRESS 5825 SUNSET DRIVE, SUITE 309
CITY-ST-ZIP SOUTH MIAMI, FL 33143

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

TITLE MGR ☐ Delete
NAME BALOCCO, GUIDO
STREET ADDRESS 5825 SUNSET DRIVE, SUITE 309
CITY-ST-ZIP SOUTH MIAMI, FL 33143

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

VICE PRESIDENT

Date

Daytime Phone #