

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000030835**

1. Entity Name  
**NEW DAWN BRICKELL, L.L.C.**



Principal Place of Business  
**2601 SOUTH BAYSHORE DRIVE., SUITE 200  
MIAMI, FL 33133**

Mailing Address  
**2601 SOUTH BAYSHORE DRIVE., SUITE 200  
MIAMI, FL 33133**



01092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1024173**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAPLAN, JACK  
2601 SOUTH BAYSHORE DRIVE  
SUITE 200  
COCONUT GROVE, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
KAPLAN, JACK  
2601 SOUTH BAYSHORE DRIVE., SUITE 200  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
AVILA, EDUARDO  
2601 SOUTH BAYSHORE DRIVE., SUITE 200  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
TAVARES, CHARLES  
2601 SOUTH BAYSHORE DRIVE., SUITE 200  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000388853  
01/20/06-80021-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: **Jack Kaplan**

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

**1-11-06 305-857-0**

Date

Daytime Phone #