

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**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**



04232007 No 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, 2007**

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

U00000756384  
05/23/07-80027-024 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:

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

**JACK KAPLAN** **JACK KAPLAN** **4-23-07** **305-857-0400**

Date Daytime Phone #