2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000033222

Entity Name: BRICKELL FACTORING & FINANCING, LLC

Current Principal Place of Business:

1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LASSO, RONALD
Address: C/O MARCELL FELIPE 1401 BRICKELL AVE, #500
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: SOSA, PATRICIO
Address: C/O MARCELL FELIPE 1401 BRICKELL AVE, #500
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: ARIAS, CARLOS
Address: C/O MARCELL FELIPE 1401 BRICKELL AVE, #500
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: FELIPE, MARCELL
Address: 1401 BRICKELL AVE, SUITE 500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARCELL FELIPE MGRM 04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date