


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90033 044 ****50.00

DOCUMENT # L04000041713

1. Entity Name
BRICKELL & 12TH LLC



Principal Place of Business Mailing Address

2665 SOUTH BAYSHORE DRIVE, STE. 703 2665 SOUTH BAYSHORE DRIVE, STE. 703
 MIAMI, FL 33133 MIAMI, FL 33133

2. Principal Place of Business 3. Mailing Address

600 Brickell Avenue *600 Brickell Avenue*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 103 *Suite 103*


City & State City & State

Miami, Florida *Miami, Florida*

Zip Country Zip Country

33132 *USA* *33132* *USA*

14002007



03302005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
 2665 SOUTH BAYSHORE DRIVE, STE. 703
 MIAMI, FL 33133

Name: *Desrivanes, Didier*
 Street Address (P.O. Box Number is Not Acceptable): *600 Brickell Avenue*
Suite 103
 City: *Miami* FL Zip Code: *33132*

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: *C Machon* DATE: *04/01/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACHON, CORINNE 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Machon, Corinne 600 Brickell Avenue Suite 103 Miami, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Desrivanes, Didier 600 Brickell Avenue Suite 103 Miami, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Belloux, Jean-Philippe 600 Brickell Avenue Suite 103 Miami, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *C Machon* DATE: *04/01/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #