2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000041713

1. Entity Name
BRICKELL & 12TH LLC

Principal Place of Business	Mailing Address
1200 BRICKELL BAY DR, STE 101 MIAMI, FL 33131	1200 BRICKELL BAY DR, STE 101 MIAMI, FL 33131

04222008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1228190
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACHON, CORINNE
1200 BRICKELL BAY DR., STE 101
MIAMI, FL 33131

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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: Didier DESVIGNE 04/29/08
Signature of new 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

U00000936807
05/27/08-80024-024 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MACHON, CORINNE
STREET ADDRESS	1200 BRICKELL BAY DR #101
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	OWNE
NAME	DESVIGNE, DIDIER
STREET ADDRESS	1200 BRICKELL BAY DR #101
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	BELLOUX, JEAN-PHILIPPE DELETE
STREET ADDRESS	1200 BRICKELL BAY DR #101
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: D. DESVIGNE 04/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #