


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90088 043 ****50.00

DOCUMENT # L04000043987					
1. Entity Name BRICKELL BAY COMMERCIAL, LLC					
Principal Place of Business 100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131			Mailing Address 100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSENTHAL, KERRY E 2875 NE 191ST STREET, SUITE 500 AVENTURA, FL 33180			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$60.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOLLO, JEROME	NAME	STEVE BEAR		
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100	STREET ADDRESS	100 S. BISCAYNE		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI FL 33131		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE			
NAME	HOLLO, WAYNE	NAME			
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE			
NAME	HOLLO, TIBOR	NAME			
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date	Daytime Phone #

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01182005 Chg-LLC CR2E083 (10/03)

FEI Number **20-1268162** Applied For Not Applicable