

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071321

Entity Name: BRICKELL RIDGE, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3050 BISCAYNE BLVD.
700
MIAMI, FL 33131

New Principal Place of Business:

C/O AFI USA, 229 WEST 43RD STREET, 10TH FL
NEW YORK, NY 10036

Current Mailing Address:

3050 BISCAYNE BLVD.
700
MIAMI, FL 33131

New Mailing Address:

C/O AFI USA, 229 WEST 43RD STREET, 10TH FL
NEW YORK, NY 10036

FEI Number: 20-1760026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROZENBLUM, MARTIN
3050 BISCAYNE BOULEVARD
700
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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: ERIC WOLZ, ASSISTANT SECRETARY
Electronic Signature of Registered Agent

05/01/2009
Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLYMPIA FLORIDA, LLC
Address: C/O AFI USA, 229 WEST 43RD ST., 10TH FLOOR
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TAMIR KAZAZ MGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date