


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-09-2006 90152 042 ****50.00

DOCUMENT # L04000073955 1. Entity Name BRICKS MANAGEMENT, LLC					
Principal Place of Business 5201 BLUE LAGOON DRIVE, PENTHOUSE MIAMI FL 33126			Mailing Address 5201 BLUE LAGOON DRIVE, PENTHOUSE MIAMI FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 date of signature (N/A if registered agent signature required when filing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSAI HOLDINGS LTD. 5201 BLUE LAGOON DRIVE, PENTHOUSE MIAMI FL 33126 <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	MGR VERA, MILTON 5201 BLUE LAGOON DRIVE, PENTHOUSE MIAMI FL 33126 <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	
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 exemptions contained in Section 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: <i>Caridad D. Caldern</i> 1/27/06 305/716-4289 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30601329

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

BRICKS MANAGEMENT, LLC
5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI, FL 33126

Subject: **BRICKS MANAGEMENT, LLC**

Reference Number:

L04000073955

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

OUR FEI #
20-1746968



ATTACHMENT

30001329
#L04000073955

February 24th, 2006

Florida Department Of State
Division of Corporation
P.O. BOX 6478 Tallahassee, FL 32314
Reference Number: L04000073955

By means of this letter I would like to notify that we have a FEI number application so your organization can complete the filling. The Federal Employer Identification number is 20-1746968. Please contact us if you have any questions.

Regards,

A handwritten signature in black ink, appearing to read 'Cary Calderin', with a long horizontal flourish extending to the right.

Cary Calderin,
Administrative Assistant
Bricks Management LLC
5201 Blue Lagoon Drive, Penthouse Suite 980
Miami, FL 33126
305-716-4289 Office
305-716-4286 Fax
ccalderin@bricksmanagement.com