


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90021 011 \*\*\*138.75

<b>DOCUMENT # L04000073955</b>	
1. Entity Name <b>BRICKS MANAGEMENT, LLC</b>	

Principal Place of Business <b>2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b>	Mailing Address <b>2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b>
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60000516



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1746968</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>BARINAS &amp; ASSOCIATES INC 5701 NW 36 STREET MIAMI, FL 33166</b>	

7. Name and Address of New Registered Agent	
Name <b>Cary Calderin</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2600 Douglas Rd Ste 1010A</b>	
City <b>Coral Gables</b>	FL Zip Code <b>33134</b>

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 <b>Cald</b>	DATE <b>1/7/2008</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VELUTINI, LUIS E 2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b> <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	<b>MGR LLUCH, JAVIER 2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b> <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	<b>MGR RON, JOSE A 2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b> <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	<b>MGR AUVERT, ENRIQUE 2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b> <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	<b>MGR PIETRO, GIANCARLO 2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Pietro Giancarlo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2600 Douglas Rd Ste 1010 Coral Gables FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LLUCH, JORGE 2600 DOUGLAS ROAD STE 1010 CORAL GABLES, FL 33134</b> <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 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: <b>Cald</b>	Date <b>1/7/2008</b> Daytime Phone # <b>305/444-7141</b>