

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077627

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: BRICKELL VIEW INVESTMENTS, LLC

**Current Principal Place of Business:**

1951 N.W. 19TH STREET, SUITE 200  
BOCA RATON, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

1951 N.W. 19TH STREET, SUITE 200  
BOCA RATON, FL 33441

**New Mailing Address:**

FEI Number: 20-1801272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MBR ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 19951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MBR ( ) Delete  
Name: FALCONE, EDWARD  
Address: 1951 NW 19TH STREET SUITE 200  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FALCONE, ARTHUR  
Address: 19951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Change ( ) Addition  
Name: FALCONE, EDWARD  
Address: 1951 NW 19TH STREET SUITE 200  
City-St-Zip: BOCA RATON, FL 33431

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: ARTHUR FALCONE

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date