

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:28

DOCUMENT # L04000083420

1. Entity Name
BREF MAITLAND, LLC



Principal Place of Business
C/O BCOM INVESTMENT ADVISERS, LLLP
1200 BRICKELL AVENUE, SUITE 1720
MIAMI, FL 33131

Mailing Address
C/O BCOM INVESTMENT ADVISERS, LLLP
1200 BRICKELL AVENUE, SUITE 1720
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

03182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0081368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALACHI, ASLAN
1200 BRICKELL AVENUE, SUITE 1720
MIAMI, FL 33131

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BCOM INVESTMENT MANAGEMENT LLLP
1200 BRICKELL AVE, SUITE 1720
MIAMI, FL 33151

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/14/06--01022--020 **50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ASLAN PALACHI

04-01-06

305-375-0090

Date

Daytime Phone #