

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90063 007 \*\*\*\*50.00

**DOCUMENT # L05000001013**

1. Entity Name  
**BRICKELL MOBILE, LLC**



Principal Place of Business  
**2600 SW 3RD AVENUE, SUITE 950  
MIAMI, FL 33129**

Mailing Address  
**2600 SW 3RD AVENUE, SUITE 950  
MIAMI, FL 33129**

40040034

2. Principal Place of Business  
**2600 SW 3rd Avenue**

3. Mailing Address  
**2600 SW 3rd Avenue**

Suite, Apt. #, etc.  
**Suite 800-B**

Suite, Apt. #, etc.  
**Suite 800-B**

04262006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**20-2130374**

Applied For  
Not Applicable

Zip  
**33129** Country  
**USA**

Zip  
**33129** Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reissuing)

DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PERALES MONTERO, MANUEL  
2600 SW 3RD AVENUE, SUITE 950 800-B  
MIAMI, FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BERMUDEZ PUGA, ANTONIO  
2600 SW 3RD AVENUE, SUITE 950 800-B  
MIAMI, FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ESCONDON, JAMIE  
2600 SW 3RD AVENUE, SUITE 950 800-B  
MIAMI, FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Mr. Jaime Escandon*

04/26/2006

305 854 654

Date

Daytime Phone #