## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 23, 2006 8:00 am Secretary of State

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DOCUMENT # L05000056082  1. Entity Name BRICKELL ON THE RIVER UNIT 303, LLC						03-23-2006 90259 038 ****50.00					
Principal Place 7688 N.W. 1 MIAMI, FL 3	16 AVENUE	Mailing Address 7688 N.W. 116 AVENUE MIAMI, FL 33178			20019463						
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152006	Chg-LLC	CR2E0	83 (11/05)	- ' -		
City & State		City & State			4. FEI Numb	er		<u> </u>	oplied For at Applicable		
Zip	Country	Zip	Countr	У		5. Certificate	of Status Desired		\$5.00 Add	fitional d	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	Registered /	Agent		
GARCIA-OLIVER & MAINIERI, P.A.				Name							
	LE JEUNE ROAD, SUITE 447			Street Ad	eet Address (P.O. Box Number is Not Acceptable)						
			Ī	City				FL	Zip Cod	e	
8. The above the obliga	named entity submits this statement for	r the purpose of changing its r	registered	d affice or	register	ed agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title d anglicable (NOTE)	Registered	Agent signatu	re ceruirert	when reinstating)		DATE			
		,,,,,,									
Filing-Fee is \$50.00 Due by May 1, 2006			•		•	*	Maļ Florida		ayable to≊ ent of Stat		
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	CHANGES		<del></del>	
TITLE	MGR	Delete	TITLE				ADDITIONS	CHANGES	☐ Change	Addition	
NAME ,	YOUKHADAR, CESAR	· · L Delete	NAME	_ 4					☐ Grange	☐ Addition	
STREET ADDRESS	7688 N.W. 116 AVENUE	~		TADDRESS							
CITY-ST-ZIP	MIAMI, FL 33178		CITY-S								
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NAME .		. **	NAME	-							
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CITY-ST-ZIP			CITY-S		/.	/ /					

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: CONTROLL YOUR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #



			yer Identification								
(Rev. December 2001) Department of the	government agen	(For use by employers, corporations, partnerships, trusts, estates, churche government agencies, Indian tribal entities, certain individuals, and others				20-2961738					
Treasury Internal Revenue Service	► See separate ins	ch line. F Keep a copy for y	OMB No. 1545-000								
1* Legal name of entity Brickell on the Rive	y (or individual) for whom the EIN is b	eing requested									
	less (if different from name on line 1)		3 Executor, trustee, *care	of name							
	oom, apt., suite no. and street, or P.O	5a Street address (if differ	5a Street address (if different) (Do not enter a P.O. box)								
4b* City, state, and ZIP	ocode	5b City, state, and ZIP code									
Miami FL 33126 - 6* County and state where principal business is located											
	officer, general partner, grantor, owne	76 SSN, ITIN, EIN									
Cesar Youkhadar 8a* Type of entity (che		771-24-1950 te (SSN of decedent)									
Sole Proprietor (SSI			an administrator (SSN)								
Partnership		🗔 Trus	t (SSN of grantor)	_							
Corporation (enter fo	form number to be filed) 🕨	🖾 Natio	ational Guard State/local government								
Personal Service			mers' cooperative Federal government/military								
Church or church-co		□ REM									
Other nonprofit orga	anization (specify)	Group E	xemption N0. (GEN) 🕨	-							
☑ Other (specify)  ☑	LLC Partnership	·									
8b If a corporation, nan (if applicable) where inc	me the state or foreign country corporated	State FL		Foreign count	ry						
9* Reason for applying	(check only one)		Banking purpose (specify p	urpose) 🕨							
✓ Started new busines			Changed type of organization		) >						
Real Estate Ho			Purchased going business		'	~					
	d employees (Check the box and see line 12)										
	pliance with IRS withholding regulations  Sometime of the control										
Other (specify)											
	ite business started or acquired (month, day, year)  11 Closing month of accounting year										
IIIN 7 20	12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)										
	annuitles were paid or will be paid (n			ing agent, enter dat							
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