

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056082

FILED
Jun 06, 2007
Secretary of State

Entity Name: BRICKELL ON THE RIVER UNIT 303, LLC

Current Principal Place of Business:

31 N.E. 5TH STREET, UNIT CU 303
MIAMI, FL 33131

New Principal Place of Business:

5728 SO MAJOR BOULEVARD
SUITE 604
ORLANDO, FL 32819

Current Mailing Address:

31 N.E. 5TH STREET, UNIT CU 303
MIAMI, FL 33131

New Mailing Address:

5728 SOUTH MAJOR BOULEVARD
SUITE 604
ORLANDO, FL 32819

FEI Number: 20-2961738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA-OLIVER & MAINIERI, P.A.
782 N.W. LE JEUNE ROAD, SUITE 447
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

ALGENDRA LLC
5728 SO MAJOR BOULEVARD
604
ORLANDO, FL 32819 US

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: JUAN SANCHEZ

06/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAFARO, ANA MARIA
Address: 31 N.E. 5TH STREET, UNIT CU 303
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MMGR (X) Change () Addition
Name: SANCHEZ, JUAN C
Address: 5728 S MAJOR BOULEVARD
City-St-Zip: ORLANDO, FL 32819

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: JUAN SANCHEZ

MMGR

06/06/2007

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