2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90344 022 ****50.00

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1. Entity Name
BRICKELL FINANCIAL CENTRE, LLC

60033829

03282007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
600 BRICKELL AVENUE, #800 MIAMI, FL 33131	600 BRICKELL AVENUE, #800 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
777 Brickell Avenue	777 Brickell Avenue
Suite, Apt. #, etc. Suite 808	Suite, Apt. #, etc. Suite 808
City & State Miami, Fl.	City & State Miami, Fl.
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number
20-1875786
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEVILLA, CHARLOTTE R
600 BRICKELL AVE STE 800
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Loretta Cockrum
Street Address (P.O. Box Number is Not Acceptable): 777 Brickell Avenue
Suite 808
City: Miami **FL** Zip Code: 33131

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] Loretta Cockrum 3/29/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SHERLON INVESTMENTS, LLC		NAME		
STREET ADDRESS	600 BRICKELL AVENUE, #800		STREET ADDRESS	777 Brickell Avenue, Suite 808	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami, Florida 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Loretta Cockrum 3/29/07 305-358-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #