


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90452 040 ****50.00

DOCUMENT # L05000079569			
1. Entity Name BRICKELL NORTH, LLC			
Principal Place of Business 9737 NW 41ST STREET #615 MIAMI, FL 33178-2924		Mailing Address 9737 NW 41ST STREET #615 MIAMI, FL 33178-2924	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>10520 NW 26 St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>C 201</i>	
City & State		City & State <i>Doral, FL</i>	
Zip	Country	Zip	Country
		<i>33172</i>	<i>U.S.</i>
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET SUITE C-201 DORAL, FL 33172		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM TELERADIO, INC. <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	TORRES Pesantes, Ricardo C.
STREET ADDRESS	P.O. BOX 338	STREET ADDRESS	10520 NW 26th St - STE. C 201
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	Doral, FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Joseph F. Cabanas</i>		Date: <i>05/29/07</i> (305) 513 3639	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	