2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 12, 2007 08:00 AM Secretary of State DOCUMENT # L05000095721 1. Entity Name BRICKELL SQUARE, LLC Principal Place of Business Mailing Address 4815 AVENUE N. 4815 AVENUE N. BROOKLYN, NY 11234 BROOKLYN, NY 11234 01102007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 20-3545130 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 alignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 2. MGR TITLE NAME PODOLSKY, ABRAHAM 4815 AVENUE N. U00000584775 01/12/07-80052-009 50.00 STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11234 TITLE NAME STREET ADDRESS CITY-ST-ZIP ाग ह STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

11. I hereby certify that the information supplied with kils 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 eath; 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:

STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS City-st-zip

SIGNATURE AND TYPED OR PRINTED NAME OF

AUTHORIZED REPRESENTATIVE

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FILED