

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096208

Entity Name: 500 BRICKELL 3302, L.L.C.

FILED
Aug 07, 2007
Secretary of State

Current Principal Place of Business:

4057 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

4081 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

Current Mailing Address:

4057 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

New Mailing Address:

4081 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

FEI Number: 20-3568661 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:

SHAPIRO, IRA R
16375 NE 18TH AVENUE, #225
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PINE, ROBERT
Address: 4057 CRYSTAL LAKE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR (X) Delete
Name: PADIERNE, RODOLFO
Address: 13620 SW 20 ST
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PINE, ROBERT
Address: 4081 CRYSTAL LAKE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT PINE

MGR

08/07/2007

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