


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90035 001 ***450.00

DOCUMENT # L05000109499

1. Entity Name
BRICKELL O INVESTMENTS LLC



Principal Place of Business 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US	Mailing Address 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US
---	---

2. Principal Place of Business - No P.O. Box # 4890 W. Kennedy Blvd.	3. Mailing Address 4890 W. Kennedy Blvd.
---	---

Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
----------------------------------	----------------------------------

City & State Tampa, FL.	City & State Tampa, FL.
----------------------------	----------------------------

Zip 33609	Country USA	Zip 33609	Country USA
--------------	----------------	--------------	----------------

02232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

DE CORTES, DARLING A
 SUITE 1000, 121 ALHAMBRA PLAZA
 ALHAMBRA TOWERS
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Darling de Cortes, Andrea

Street Address (P.O. Box Number is Not Acceptable)
4890 W. Kennedy Blvd., Suite 900

City **Tampa** State **FL** Zip Code **33609**

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.

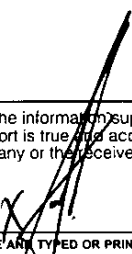
SIGNATURE  DATE **02/26/07**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE MGR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABITBOL, ALEX J		NAME Abitol, Alex J.	
STREET ADDRESS 121 ALHAMBRA PLAZA, 10TH FL		STREET ADDRESS 4890 W. Kennedy Blvd., Suite 900	
CITY-ST-ZIP CORAL GABLES, FL 33134		CITY-ST-ZIP Tampa, FL. 33609	
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:  DATE **2/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE