## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000118397

1. Entity Name

PARK PLACE HOLDINGS AT BRICKELL, LLC



FILED Mar 24, 2008 08:00 A Secretary of State

Daytime Phone #

Principal Place of Business

1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131 Mailing Address

1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

02182008 No Chg-LLC CR2E083 (12/07)

| 4. FEI Number<br>20-3936803      |  | Applied For Not Applicabl         |  |
|----------------------------------|--|-----------------------------------|--|
| 20-3930003                       |  | Not Applicable                    |  |
| 5. Certificate of Status Desired |  | \$5.00 Additional<br>Fee Required |  |

6. Name and Address of Current Registered Agent

OJEDA, ALAN 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131

the obligations of registered agent.

SIGNATURE:

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN

DO NOT WRITE IN THIS SPACE

| SIGNATURE.   |   |   |                                |
|--|---|---|--------------------------------|
|  | Signature, typed or printed name of registered agent and title II applicable  | (NOTE Registered Agent signature required when reinstating) | DATE                           |
| FILE<br>After May  | NOW!!! FEE IS \$138.75<br>1, 2008 Fee will be \$538.75                        |   | 0000855845-020 138.75 <u> </u> |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>RILEA PARK PLACE LLC<br>1000 BRICKELL AVENUE #1015<br>MIAMI, FL 33131 |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | DO NOT  | WRITE                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN THIS   | SPACE                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |                                |
| TITLE NAME STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes. |   |   |                                |

MEMBER, OR AUTHORIZED REPRESENTATIVE

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