

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016994

**FILED**  
**Feb 08, 2008**  
**Secretary of State**

**Entity Name:** BRIGHTRISE AND BOOSTWELL, LLC

**Current Principal Place of Business:**

2333 BRICKELL AVENUE #1915  
MIAMI, FL 33120

**New Principal Place of Business:**

801 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

2333 BRICKELL AVENUE #1915  
MIAMI, FL 33120

**New Mailing Address:**

801 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**FEI Number:** 20-4641462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEUSS CONSULTING GROUP, LLC  
2333 BRICKELL AVENUE #1915  
MIAMI, FL 33120 US

**Name and Address of New Registered Agent:**

SEUSS CONSULTING GROUP, LLC  
801 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

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: KATRIN SEUSS

02/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: POHLE, JOHANNES  
Address: 2333 BRICKELL AVENUE #1915  
City-St-Zip: MIAMI, FL 33120

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: POHLE, JOHANNES  
Address: 801 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33131

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: STEFAN SEUSS

MGR

02/08/2008

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