2007 LIMITED LIABILITY COMPANY ANNUAL REPORT					FILED Apr 27, 2007 8:00 am Secretary of State		
DOCUI	MENT # L06000033	312			04-27-2007 90025 009		
	BRICKELL BAY UNIT 1503	, LLC					
Principal Place of Business 1331 BRICKELL BAY DRIVE, UNIT 4707 MIAMI, FL 33131 MIAMI, FL 33131 MIAMI, FL 33131			drive, unit 4707	60041942			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007	01082007 Chg-LLC CR2E083 (12/06)		
City & State	e	City & State		4. FEI Num 70-4	ő 03395		olied For Applicable
Zip	Country	Zip	Country		te of Status Desired	5.00 Addi e Required	tional
	6. Name and Address of Current F	Registered Agent	Name	7. Name ar	d Address of New Registered Ag	ent	
BAEZ, GUSTAVO 1331 BRICKELL BAY DRIVE, UNIT 4707 MIAMI, FL 33131			Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing it	ts registered office or regi	stered agent, or b	ooth, in the State of Florida. I am fan	niliar with, a	and accept
D1	ling Fee is \$50.00 ue by May 1, 2007		La		Make check payable to Fiorida Department of State		
Tle		Delete	10. TITLE			Change	Addition
AME Ireet address Ity - St - Zip	BAEZ, GUSTAVO 1331 BRICKELL BAY DRIVE, UN MIAMI, FL 33131	IT 4707	NAME STREET ADDRESS CITY-ST-ZIP				
ITLE Ame Treet address ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		C] Change	Addition
TREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		[] Change	Addition
TLE AME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Change	Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	Change	Addition
ITLE IAME ITREET ADDRESS ITTY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] Change	Addition
II. Thereby of indicated limited lia	Certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trusted bility company or the receiver or trusted URE:	that my signature shall hav empowered to execute thi	tor the exemptions contain e the same legal effect as is report as required by Cl USTAVO BAE	it made under oa napter 608, Florid	a Statutes.	at the infor or manager	

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