

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000040694

1. Entity Name
BRICKELL BAY REALTY HOLDINGS, LLC



FILED
Apr 01, 2008 08:00 AM
Secretary of State

Principal Place of Business
LAW CENTER AT BRICKELL BAY
2333 BRICKELL AVE., SUITE A1
MIAMI, FL 33129 US

Mailing Address
LAW CENTER AT BRICKELL BAY
2333 BRICKELL AVE., SUITE A1
MIAMI, FL 33129 US



03252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4780204

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, PETER
2333 BRICKELL AVENUE, STE A1
MIAMI, FL 33129

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000876786
04/11/08-80089-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VITALE, ANTHONY C
STREET ADDRESS 2333 BRICKELL AVE., SUITE A1
CITY-ST-ZIP MIAMI, FL 33129

TITLE MGR
NAME LOPEZ, CARLOS A
STREET ADDRESS 2333 BRICKELL AVE., SUITE A1
CITY-ST-ZIP MIAMI, FL 33129

TITLE MGR
NAME QUINON, JOSE M
STREET ADDRESS 2333 BRICKELL AVE., SUITE A1
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

3/27/2008 (305) 258-5700

Date

Daytime Phone #