

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90040 014 *****50.00

DOCUMENT # L06000049872



1. Entity Name
FRENCH BRICKELL PROPERTIES LLC

Principal Place of Business
136 SW 8TH STREET
MIAMI, FL 33130

Mailing Address
485 WOODCREST ROAD
KEY BISCAVNE, FL 33149

2. Principal Place of Business, No P.O. Box #

260 Cranford Blvd

3. Mailing Address

260 Cranford Blvd

Suite, Apt. #, etc.

B-48

Suite, Apt. #, etc.

B-48

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

33149

Country

Miami Dade

Zip

33149

Country

Miami Dade

04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number

204881618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP
2455 E. SUNRISE BLVD
SUITE 602
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DE SAINT VINCENT, THIBAUD ☐ Delete
STREET ADDRESS 485 WOODCREST ROAD
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 260 Cranford Blvd B-48
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thibaud De Saint Vincent Thibaud

4-15-2007

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

Date

Daytime Phone #