

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90018 043 ***138.75

DOCUMENT # L06000051802						
1. Entity Name 1200 BRICKELL INVESTMENTS LLC						
Principal Place of Business 1300 BRICKELL AVENUE MIAMI, FL 33131			Mailing Address 1300 BRICKELL AVENUE MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		04292008 Chg-LLC CR2E083 (12/06)		
Zip		Country		4. FEI Number 20-4909006		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI, FL 33131			Name <u>Olga de los Santos, Esq.</u>			
			Street Address (P.O. Box Number is Not Acceptable) <u>1300 Brickell Avenue</u>			
			City <u>Miami</u>		FL	Zip Code <u>33131</u>
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 <u>Olga de los Santos Esq.</u>			DATE <u>4-29-08</u>			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			<small>DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORTUNE BRICKELL MANAGEMENT LLC 1300 BRICKELL AVE MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			Date <u>4/30/08</u>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>	