2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L06000059025

Entity Name: BRICKELL FIRST DEVELOPERS, LLC

Current Principal Place of Business:

3211 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3211 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5220845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKER, REX M
3211 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MILTON, JOSEPH
Address: 3211 PONCE DE LEON #301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Change (X) Addition
Name: CECIL, MILTON
Address: 3211 PONCE DE LEON #301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Change (X) Addition
Name: MILTON, FRANK
Address: 3211 PONCE DE LEON #301
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: CECIL MILTON MGR 04/23/2007

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