

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089370

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Entity Name:** BROOKFIELD STREAMS LLC

**Current Principal Place of Business:**

1840 S.W. 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1840 S.W. 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      SANCHEZ, ELSIE  
Address:                      1840 SOUTHWEST 22 STREET, 4TH FLOOR  
City-St-Zip:                      MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify 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: ELSIE SANCHEZ                      MGR                      04/28/2007

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