

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90344 023 ****50.00

DOCUMENT # L06000108157

1. Entity Name
BRICKELL HOLDINGS, LLC



Principal Place of Business
**600 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131**

Mailing Address
**600 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131**

60033828



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

777 Brickell Ave.

3. Mailing Address

777 Brickell Ave

Suite, Apt. #, etc.

Suite 808

Suite, Apt. #, etc.

Suite 808

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-1875786

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHARLOTTE, SEVILLA
600 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Loretta Cockrum**

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

**777 Brickell Avenue
Suite 808**

City

Miami

FL

Zip Code

33131

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 **Loretta Cockrum**

Signature: Typed or printed name of registered agent and title if applicable.

Loretta Cockrum

(NOTE: Registered Agent signature required when reinstating)

3/29/07

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **COCKRUM, LORETTA**
CITY-ST-ZIP **600 BRICKELL AVENUE, SUITE 800
MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME **777 Brickell Ave, suite 808**
STREET ADDRESS **miami, FL 33131**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **PO LENG LAM, YVONNE**
CITY-ST-ZIP **600 BRICKELL AVENUE, SUITE 800
MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME **777 Brickell Ave., suite 808**
STREET ADDRESS **miami, FL 33131**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **NG, LU PAT**
CITY-ST-ZIP **600 BRICKELL AVENUE, SUITE 800
MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME **777 Brickell Ave., suite 808**
STREET ADDRESS **miami, FL 33131**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: **Loretta Cockrum**

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

Loretta Cockrum

3/29/07

Date

305 358 9807

Daytime Phone #