

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90120 023 \*\*\*\*50.00

<b>DOCUMENT # L06000108181</b> 1. Entity Name <b>BRICKFIELDS LLC</b>					
Principal Place of Business <b>600 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131</b>			Mailing Address <b>600 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>777 Brickell Avenue</b> Suite, Apt. #, etc. <b>808</b>		3. Mailing Address <b>777 Brickell Avenue</b> Suite, Apt. #, etc. <b>808</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>03282007</b> Chg-LLC CR2E083 (12/06)	
Zip <b>33131</b> Country <b>USA</b>		Zip <b>33131</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SEVILLA, CHARLOTTE 600 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Loretta Coc krum</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 Brickell Ave, suite 808</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Loretta Coc krum</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>3/29/07</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, GERALDINE M <input type="checkbox"/> Delete <b>600 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>777 Brickell Avenue, suite 808 Miami, FL 33131</b>
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
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
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
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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>Loretta Coc krum</b>		<b>3/29/07</b> <small>Date</small>	<b>305-358-9807</b> <small>Daytime Phone #</small>