

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000120658**



1. Entity Name  
1401 BRICKELL, LLC

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
760 NORTHWEST 4TH STREET, SUITE 100  
MIAMI, FL 33128

Mailing Address  
760 NORTHWEST 4TH STREET, SUITE 100  
MIAMI, FL 33128



07162008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8070704	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

UVA, LUIS  
760 NW 4TH STREET  
100  
MIAMI, FL 33128

**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955902  
07/22/08-80012-008 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	UVA, LUIS
STREET ADDRESS	760 NORTHWEST 4TH STREET, SUITE 100
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	ST
NAME	UVA, LUIS
STREET ADDRESS	760 NORTHWEST 4TH STREET, SUITE 100
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

Luis UVA  
PRINT NAME

7/16/08    305-545-5588  
DATE      DAYTIME PHONE #