

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044090

FILED
Apr 21, 2009
Secretary of State

Entity Name: ACP BRICKELL HOLDINGS, LLC

Current Principal Place of Business:

1110 BRICKELL AVENUE
702
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

2127 BRICKELL AVENUE
1104
MIAMI, FL 33129 US

New Mailing Address:

1110 BRICKELL AVENUE
702
MIAMI, FL 33131 US

FEI Number: 74-3212530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 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: MGR () Delete
Name: CAVALLARO, SALVATORE
Address: 2127 BRICKELL AVENUE APT 1104
City-St-Zip: MIAMI, FL 33129 US

Title: MGR () Delete
Name: PERRI, ANDREINA M
Address: 2127 BRICKELL AVENUE APT 1104
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAVALLARO, SALVATORE
Address: 500 BRICKELL AVENUE APT 2901
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Change () Addition
Name: PERRI, ANDREINA M
Address: 500 BRICKELL AVENUE APT 2901
City-St-Zip: MIAMI, FL 33131 US

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: SALVATORE CAVALLARO

PR

04/21/2009

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