

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062644

Entity Name: AXIS BRICKELL 2025N, LLC

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

3062 BIRD AVENUE  
UNIT F  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

3062 BIRD AVENUE  
UNIT F  
COCONUT GROVE, FL 33133

## 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:

GONZALEZ, MILDRED A  
11935 SW 11TH CT  
DAVIE, FL 33325 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: D'ALESSANDRO, ROBERTO E  
Address: 3062 BIRD AVENUE, UNIT F  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: CORREA, JENNY M  
Address: 3062 BIRD AVENUE, UNIT F  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: CARILLO, LUIS  
Address: 3062 BIRD AVENUE, UNIT F  
City-St-Zip: COCONUT GROVE, FL 333133

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: D'ALESSANDRO,ROBERTO

MGR

04/08/2009

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