

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070544

Entity Name: BRICKELL GOLAZO, LLC

FILED  
May 02, 2009  
Secretary of State

## Current Principal Place of Business:

848 BRICKELL AVENUE  
SUITE 840  
MIAMI, FL 33131

## New Principal Place of Business:

444 BRICKELL AVENUE  
417  
MIAMI, FL 33131

## Current Mailing Address:

848 BRICKELL AVENUE  
SUITE 840  
MIAMI, FL 33131

## New Mailing Address:

444 BRICKELL AVENUE  
417  
MIAMI, FL 33131

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GARCIA & ASSOCIATES PL  
3006 AVIATION AVENUE  
SUITE 2B  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

GARCIA & ASSOCIATES, PL  
3006 AVIATION AVENUE  
2B  
MIAMI, FL 33131 US

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: RENE J. GARCIA

05/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CAMPOSANO, PABLO A  
Address: 848 BRICKELL AVENUE - SUITE 840  
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete  
Name: CAMPOSANO, FRANCISCO R  
Address: 848 BRICKELL AVENUE - SUITE 840  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: CAMPOSANO, PABLO A  
Address: 444 BRICKELL AVENUE #417  
City-St-Zip: MIAMI, FL 33131

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: PABLO A. CAMPOSANO

P

05/02/2009

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