

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000023153

FILED
Apr 24, 2012
Secretary of State

Entity Name: BRICKELL CITICENTRE NORTH LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OWENS, STEPHEN L
501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131 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: CEO
Name: CUBBON, MARTIN
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131 US

Title: P AS
Name: OWENS, STEPHEN L
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131 US

Title: VP
Name: KELLY, J. MEGAN
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131 US

Title: VP
Name: GANDOLFO, CHRIS
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131 US

Title: VPTS
Name: TOLAND, GREGG E
Address: 501 BIRCKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131 US

Title: AS
Name: MCMAN, BEVERLEY
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131 US

I hereby 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: BEVERLEY MCMAN

AS

04/24/2012

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