


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90320 019 \*\*\*\*50.00

<b>DOCUMENT # L97000001030</b> 1. Entity Name BRICKELL MAIN STREET, LLC			
Principal Place of Business 1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH, FL 33139		Mailing Address 1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH, FL 33139	
2. Principal Place of Business 701 BRICKELL AVE Suite, Apt. #, etc. # 1460 City & State Miami, FL Zip 33131 Country -		3. Mailing Address 701 BRICKELL AVE Suite, Apt. #, etc. # 1460 City & State Miami, FL Zip 33131 Country -	
		4. FEI Number 65-0838778 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SUMBERG, JOHN C PA 200 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CONSTRUCTA, INC.	NAME	
STREET ADDRESS	1501 COLLINS AVENUE, THIRD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33139	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BMS MANAGER, INC.	NAME	
STREET ADDRESS	1501 COLLINS AVENUE, THIRD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FITTIPALDI BRICKELL DEVELOPERS I, LLC	NAME	
STREET ADDRESS	537 CRANDON BLVD, LAKE VILLA II	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BRICKELL INVESTORS, INC.	NAME	
STREET ADDRESS	505 PARK AVE, NINTH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MERLUX ONE COMPANY	NAME	
STREET ADDRESS	520 BRICKELL KEY DR, STE O-305	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/31/05 Date Daytime Phone #	

20060082

