

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

00 JAN 28 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|---------|---|---------|
| DOCUMENT # L98000001346 | | | |
| 1. Entity Name BRICKELL CONSTRUCTION LLC | | | |
| Principal Place of Business 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131 | | Mailing Address 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131-2847 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 65-0872636 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR BRICKELL CONSTRUCTION CORP. % 701 BRICEKLL AVENUE SUITE 3000 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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*****50.00

Handwritten initials and date
1-28-00

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.

SIGNATURE: _____ **1-25-00** **305-995-9996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #