## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L98000001346

1. Entity Name

## BRICKELL CONSTRUCTION LLC



## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 92173 029 \*\*\*\*50.00

	<del> </del>							
Principal Place of Business		Mailing Address						
701 BRICKELL AVENUE. SUITE 3000 MIAMI FL 33131		701 BRICKELL AVENUE. SUITE 3000 MIAMI FL 33131						
				1 11211	Din den inin inin enisi borr afrik andir dorr	I <b>er</b> iak ki <b>aka</b> kiak <b>a</b> k		
2. Principal P	lace of Business	3. Mailing Address						
444 Brickell Avenue		1111 Brickell Avenue			01 <u>1,</u> <b>610 1910</b> 1 19411 40111 80111 80111 60111		B16 B10 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAK	ING CHANGES		
Suite 900		Suite 2500		•	_ Oneon here is many	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City & State		City & State		4. FEI Num	nber <b>65-0872636</b>	A	oplied For	
Miami, Florida		Miami, Florida				N	ot Applicable	
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	\$5.00 Ad		
33131	USA	+ <del>33</del> /31/	USA			Fee Require	ed	
	6. Name and Address of Current	Hegistered Agent	Name	7. Name a	nd Address of New Register	ed Agent		
INTRASTATE REGISTERED AGENT CORPORATION				Stuart K. Hoffman, Esq.				
701 BRICKELL AVENUE, SUITE 3800			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131					<del></del>	<del></del>		
			111	1111 Brickell Avenue, Suite 2500				
			City	· DIII		Zip Cod		
			Mia		<u>-</u>		33131	
8. The above named entity submits this datement 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.								
the configurations of registered agents								
SIGNATURE Signature, typed gyprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
					<u> </u>			
FILE NOW!!! FEE IS \$50.00								
Make Check Payable to Florida Department of State   Due By May 1, 2003								
		Dui	e by May 1, 200	J3				
9.	MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG			
TITLE	MGR	☐ Delete	TITLE	MGR		<b>XX</b> Change	Addition	
NAME	BRICKELL CONSTRUCTION COR	NAME STREET ADDRESS		nstruction Corp.				
STREET ADORESS CITY-ST-ZIP	A 701 BINDENEE AVENUE COME COOL				l Avenue, Suite	900	1	
	MIAMI FL 33131		CITY-ST-ZIP	Miami, Flor	<u>ida _33131</u>			
TITLE	•	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
· · · · · ·		Delete	-	<del>                                     </del>	<u></u>	Change	Addition	
TITLE NAME		□ Delete	TITLE NAME	'		☐ Change	LI Addition	
STREET ADDRESS			STREET ADDRESS				-	
CITY-ST-ZIP			CITY-ST-ZIP				[	
TITLE		☐ Delete	TITLE		<del>-</del>	☐ Change	Addition	
NAME		□ DEIGIG	NAME					
STREET ADDRESS			STREET ADDRESS	1			1	
CITY-ST-ZIP			CITY-ST-ZIP				_ [	
TITLE		Delete	TITLE			☐ Change	☐ Addition	
NAME		• ·	NAME	1		-	-	
STREET ADDRESS			STREET ADDRESS				ŀ	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME	1			ĺ	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		<u>.                                    </u>			
11. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemption sta	ited in Section 119.07(3	3)(i), Florida Statutes, I further	certify that the in	nformation	

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:

SIGNATURE AND TYPED OR MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #