

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92168 028 \*\*\*\*\*50.00

**DOCUMENT # L98000002142**

1. Entity Name

**1110 BRICKELL INVESTORS LLC**



Principal Place of Business

Mailing Address

**701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

**701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

2. Principal Place of Business

**444 Brickell Avenue Ste. 900**

3. Mailing Address

**1111 Brickell Avenue Ste. 2500**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 900**

**Suite 2500**

City & State

City & State

**Miami, Florida 33131**

**Miami, Florida 33131**

Zip

Country

Zip

Country

4. FEI Number

**65-0869852**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

Name

**Stuart K. Hoffman, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**1111 Brickell Avenue, Suite 2500**

City  
**Miami,**

**FL**

Zip Code  
**33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ACP 1110 BRICKELL LLC  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ACP 1110 Brickell LLC  
444 Brickell Avenue, Suite 900  
Miami, Florida 33131** ☒ Change ☐ Addition

TITLE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)