

**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

0014242

**DOCUMENT # L98000002142**

1. Entity Name  
**1110 BRICKELL INVESTORS LLC**



Principal Place of Business      Mailing Address

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

2. Principal Place of Business      3. Mailing Address

**444 Brickell Avenue Ste. 900**      **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**



CHECK HERE IF MAKING CHANGES

4. FEI Number      65-0869852      Applied For  
Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

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  
**Stuart K. Hoffman, Esq.**

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

**1111 Brickell Avenue, Suite 2500**

City      **Miami,**      State      **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 \_\_\_\_\_ DATE \_\_\_\_\_

*(Signature of Stuart K. Hoffman, Esq.)*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ACP 1110 BRICKELL LLC</b> <b>701 BRICKELL AVENUE, SUITE 3000</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ACP 1110 Brickell LLC</b> <b>444 Brickell Avenue, Suite 900</b> <b>Miami, Florida 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 of Allen C. de Olazarra)*

By: **ACP 1110 Brickell LLC**  
**1110 Brickell Avenue, Suite 900**  
**Miami, Florida 33131**

**Allen C. de Olazarra, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)