2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003117

1. Entity Name

BRICKELL BAY FOUITIES LLC



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90039 001 ****55.00

DHIONELL	DAT EQUITIES, LLC	6								
		Mailing Address 1000 BRICKELL AVENUE, SUITE 920 MIAMI FL 33131								
2 Principal P	face of Business	3. Mailing Address	***************************************							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Num	ber 65-0924677	7		plied For t Applicable	
Zip	Country	Zip	Country	حسا عفاحد وار	5. Certifica	te of Status Desired	X	\$5.00 Add ee Require	litional d	
	6. Name and Address of Current	Registered Agent		· •	7. Name ar	nd Address of New R	egistered A	gent		
PERRONE, STEPHEN L				Name						
1000	BRICKELL AVENUE, SUITE 920		Street Address		s (P.O. Box Number is Not Acceptable).					
MIAN	/II FL 33131									
			C	City		•	FL	Zip Code	9	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing it	ts registered o	ffice or register	ed agent, or b	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE .										
	Signature, typed or printed name of registered agent a			ent signature required	when reinstating)		DATE			1
		FILE N Make Check Payat		E IS \$50.00 la Denartmei	nt of State					
		_	ue By May		in or olde					
9.	MANAGING MEMBE	RS/MANAGERS	10.	•		ADDITIONS/	CHANGES			_ ا
TITLE	MGR	☐ Delete	TITLE			-		☐ Change	☐ Addition	8
NAME STREET ADDRESS	Connell, Harold 1000 Brickell Avenue, Suite	900	NAME Street al	DDRESS						5
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-	ZIP						١
TITLE	MGR	☐ Delete	TITLE					☐ Change	Addition Addition	}
NAME STREET ADDRESS	MARINELLO, LEONARD 1000 BRICKELL AVENUE, SUITE	920	name Street al	DDRESS						l
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-	ZIP						
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NAME STREET ADDRESS	PERRUNE, STEPHEN L 1000 BRICKELL AVENUE, SUITE	920	, NAME STREET AL	DDRESS						
CITY-ST-ZIP	MIAMI FL 33131	320	CITY-ST-							
TITLE	MGR	☐ Delete	TITLE					☐ Change	Addition	l
NAME STREET ADDRESS	PARTRIDGE, JAMES	1	name Street au	nngess .						l
CITY-ST-ZIP	1000 BRICKELL AVE., SUITE 920 MIAMI FL 33131	,	CITY-ST-							l
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME			NAME STREET AS	DODECE						
STREET ADDRESS CITY-ST-ZIP			STREET AL CITY-ST-							
TITLE		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET AL	DDRESS						
CITY-ST-ZIP			CITY-ST-	L		 				
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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 informatic 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.

LILLOS RIMA RRED SIGNATURE:

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

Daytime Phone #

305-702-5504