

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90014 011 ****50.00

DOCUMENT # M03000002949

1. Entity Name
BROOKWOOD BISCAYNE TOWER CO., LLC



Principal Place of Business
**50 DUNHAM ROAD
BEVERLY, MA 01915**

Mailing Address
**50 DUNHAM ROAD
BEVERLY, MA 01915**

20047491



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

51-0479019

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

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

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TRKLA, THOMAS N
STREET ADDRESS 50 DUNHAM ROAD
CITY-ST-ZIP BEVERLY, MA 01915

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BROWN, THOMAS W
STREET ADDRESS 50 DUNHAM ROAD
CITY-ST-ZIP BEVERLY, MA 01915

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MAEL, JOEL A
STREET ADDRESS 1350 AVENUE OF THE AMERICAS, SUITE 2701
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1350 Avenue of the Americas, Suite 1910
CITY-ST-ZIP New York, NY 10019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Thomas N. Trkla
Thomas N. Trkla

4/19/05

Date

978-927-8300

Daytime Phone #