


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90100 032 ****61.25

DOCUMENT # N04000008065


1. Entity Name
BRICKELL BAY PLAZA MASTER ASSOCIATION, INC.



Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131	Mailing Address 100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

4001000



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1523477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAHAN, PHILIP
 100 S. BISCAYNE BLVD.
 SUITE 900
 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHAN, PHIL 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLLO, JERRY 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KASSMAN, BRUCE 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZ, LEONARD 100 S. BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4.1.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #