

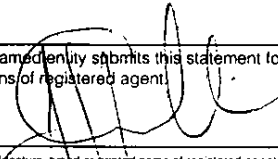
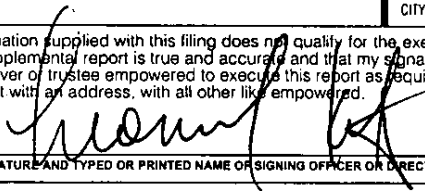


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-21-2008 90100 031 ****61.25

DOCUMENT # N04000008068 1. Entity Name BRICKELL BAY PLAZA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1200 BRICKELL BAY DRIVE MIAMI, FL 33131			Mailing Address 1200 BRICKELL BAY DRIVE MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 100 S. Biscayne Blvd Suite, Apt. #, etc. Ste 900		3. Mailing Address 100 S. Biscayne Blvd Suite, Apt. #, etc. Ste 900			
City & State miami FL		City & State miami FL		4. FEI Number 20-1523251	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JERRY E. ARON, P.A. 2505 METROCENTRE BLVD STE 301 WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent Name Serome Hollo Street Address (P.O. Box Number is Not Acceptable) 100 S. Biscayne Blvd. Ste 900 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					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete DAHAN, PHIL 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input type="checkbox"/> Delete HOLLO, JERRY 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV <input type="checkbox"/> Delete KASSMAN, BRUCE 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete KATZ, LEONARD 100 S. BISCAYNE MIAMI, FL 33131			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4.8.08 Daytime Phone #					