

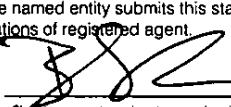
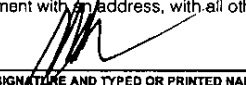


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |  |                                 |  |   |   |   |  |
|--|--|---------------------------------|--|---|---|---|--|
| <b>DOCUMENT # N05000010383</b><br>1. Entity Name<br><b>BRIELLA NO. 2 CONDOMINIUM ASSOCIATION, INC.</b>   |  |                                 |  |    |   | <b>FILED</b><br><b>08 APR 28 PM 5: 09</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>G.R.S MANAGEMENT ASSOCIATES</b><br><b>3900 WOODLAKE BLVD. STE 309</b><br><b>LAKE WORTH, FL 33463</b>   |  |                                 |  | Mailing Address<br><b>G.R.S MANAGEMENT ASSOCIATES</b><br><b>3900 WOODLAKE BLVD. STE 309</b><br><b>LAKE WORTH, FL 33463</b>  |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |  |   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |  |   |   |   |  |
| City & State   |  | City & State                    |  |   |   |   |  |
| Zip  |  | Country                         |  | Zip   |   | Country   |  |
| 6. Name and Address of Current Registered Agent  |  |                                 |  | 7. Name and Address of New Registered Agent   |   |   |  |
| BROUGH, CHADROW & LEVINE, P.A.<br>1900 N COMMERCE PKWY<br>WESTON, FL 33326   |  |                                 |  | Name <b>SOLOMON &amp; FURSHMAN, LLP</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>16160 KENNEDY CAUSEWAY</b><br><b>SUITE 302</b><br>City <b>NORTH BAY VILLAGE</b> <b>FL</b> Zip Code <b>33141</b> |   |   |  |
| 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.<br>SIGNATURE  <b>Ben Solomon</b><br>Signature, typed or printed name of registered agent and title if applicable. <b>Partner of Solomon &amp; Furshman, LLP</b> <b>4/23/08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |                                 |  |   |   |   |  |
| <b>Amended AR is \$61.25</b>   |  |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                                    |  |
| 10. OFFICERS AND DIRECTORS   |  |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DP</b><br><b>MARGOLIS, STEPHEN</b><br><b>825 CORAL RIDGE DR</b><br><b>CORAL SPRINGS, FL 33071</b>   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DST</b><br><b>METKEZ, MICHAEL</b><br><b>825 CORAL RIDGE DRIVE</b><br><b>CORAL SPRINGS, FL 33071</b> | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DST</b><br><b>METZKES, MICHAEL</b><br><b>825 CORAL RIDGE DRIVE</b><br><b>CORAL SPRINGS, FL 33071</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD</b><br><b>STUGELA, ROBERT</b><br><b>825 CORAL RIDGE DR</b><br><b>CORAL SPRINGS, FL 33071</b>    | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD</b><br><b>STIEGELE, ROBERT</b><br><b>825 CORAL RIDGE DRIVE</b><br><b>CORAL SPRINGS, FL 33071</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |   |  |
| 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. |  |                                 |  |   |   |   |  |
| <b>SIGNATURE:</b>  <b>STEPHEN MARGOLIS, PRESIDENT</b> <b>4/22/08</b> <b>954-344-8040</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |                                 |  |   |   |   |  |

m. 5/1