2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073878

Entity Name: BRICKELL LIMITS DEVELOPERS, INC.

FILED Jun 29, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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3211 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

3211 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134

FEI Number: 16-1700523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIELDSTONE, RONALD R

201 ALHAMBRA CIRCLE, SUITE 601

CORAL GABLES, FL 33134 US

BARKER, REX M

3211 PONCE DE LEON

CORAL GABLES, FL 33134 US

CORAL GABLES, FL 33134 US

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.

SIGNATURE: REX M BARKER 06/29/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition

Name: MILTON, JOSEPH Name: MILTON, JOSEPH

Address: 3211 PONCE DE LEON BLVD., STE 301 Address: 3211 PONCE DE LEON BLVD., STE 301

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete Title: S () Change (X) Addition

Name: Name: MILTON, FRANK

Address: Address: 3211 PONCE DE LEON 301 City-St-Zip: Coral Gables, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MILTON PD 06/29/2005