## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000142457

Entity Name: BRICKELL PROPERTY MANAGEMENT INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
51 SW 11 S SUITE 1220 MIAMI, FL	)	51 SW 11 STREET SUITE 1209 MIAMI, FL 33130 US	
Current Mailing Address:		New Mailing Address:	
51 SW 11 S SUITE 1220 MIAMI, FL	)	51 SW 11 STREET SUITE 1209 MIAMI, FL 33130 US	
FEI Number:	20-5878117 FEI Number Applied For ( ) FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
GALYA, SCOTT 51 SW 11 STREET APT 1220 MIAMI, FL 33130 US		GALYA, SCOTT 51 SW 11 STREET SUITE 1209 MIAMI, FL 33130 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:		03/02/2009	
Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS:
Title: Name: Address: City-St-Zip:	P,D ( ) Delete GALYA, SCOTT 51 SW 11 STREET, APT 1220 MIAMI, FL 33130 US	Title: P,D (X) Change ( ) Addition Name: GALYA, SCOTT Address: 51 SW 11 STREET, SUITE 1209 City-St-Zip: MIAMI, FL 33130 US	
Title: Name: Address: City-St-Zip:	VP,D () Delete ROTHMAN, JESSICA 51 SW 11 STREET, APT 1220 MIAMI, FL 33130 US	Title: VP,D (X) Change ( ) Addition Name: ROTHMAN, JESSICA Address: 51 SW 11 STREET, SUITE 1209 City-St-Zip: MIAMI, FL 33130 US	
Title: Name: Address: City-St-Zip:	SE,D () Delete GALYA, TRACY 11415 SW 113 TERR MIAMI, FL 33176 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	TR,D () Delete GALYA, JOYCE 11415 SW 113 TERR MIAMI, FL 33176 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	ME,D () Delete SHUTER, LOUIS 11415 SW 113 TERR MIAMI, FL 33176 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: P,D/ 9,02/2009