

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000019175	
1. Entity Name TERREMARK BRICKELL II, INC.	

Principal Place of Business C/O MILLENNIUM PTRS. 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10023	Mailing Address C/O MILLENNIUM PTRS. 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10023
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DO NOT WRITE IN THIS SPACE

02102008 No Chg-P CR2E034 (11/05)

4. FSI Number
65-0733626

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when filing and)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AARONS, PHILIP E C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOVETT, PHILIP H C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS HOFFMAN, STEVEN L C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFRIES, CHRISTOPHER M C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEFFRIES, SEAN C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, RODERICK C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023

07/18/06--01033--002 **158.75

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[Handwritten Signature]

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 manager empowered to execute this report as required by Chapter 607, 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

[Handwritten Signature] A.M. Re 3/10/06 212-318-6943