


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000005909
 1. Entity Name
TERREMARK BRICKELL RETAIL, INC.



FILED

06 MAR 21 AM 10:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01122008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0820520

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE Registered Agent signature required when retitling)

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	V PALUMBO, MARIO 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	VSD LOVETT, PHILIP H C/O MILLENNIUM PARTNERS, 1995 BROADWAY NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALKANI, PAMELA C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023

07/18/06--01033--003 **158.75

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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 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:  **Auth-Rep** 3/10/06 212-30-6963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #