

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000005909

1. Entity Name
TERREMARK BRICKELL RETAIL, 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**



02072007 No Chg-P CR2E034 (11/05)

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**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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02/23/07-80009-025 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #