
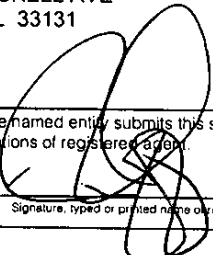
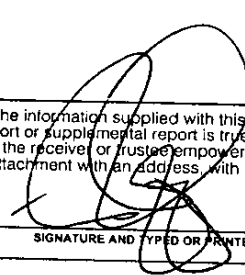


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S86082 1. Entity Name DLC BRICKELL, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUN -3 PM 3:33	
Principal Place of Business 1401 BRICKELL AVE MIAMI, FL 33131				Mailing Address 1401 BRICKELL AVE MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0302407				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIRCHOFF, JANET M 1401 BRICKELL AVE MIAMI, FL 33131				7. Name and Address of New Registered Agent Name KIRCHOFF JAHN MATTHEW Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE City MIAMI, FL FL Zip Code 33131			
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 				DATE 6-1-08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME KIRCHOFF, JAN STREET ADDRESS 7230 SW 59TH AVE CITY-ST-ZIP MIAMI, FL				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KIRCHOFF JAHN MATTHEW STREET ADDRESS 7230 SW 59TH AVE CITY-ST-ZIP MIAMI, FL 33143			
TITLE VP <input type="checkbox"/> Delete NAME MALER, MICHAEL STREET ADDRESS 7230 SW 59TH AVE CITY-ST-ZIP MIAMI, FL				TITLE 700131092627 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 06/10/08--01009--016 STREET ADDRESS **61.25 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: 				DATE 6-1-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305.663.4424			