


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90272 018 \*\*\*150.00

**DOCUMENT # V03757**  
 1. Entity Name  
**ELEVEN BRICKELL CORPORATION**



Principal Place of Business      Mailing Address  
**1000 BRICKELL AVE**      **1000 BRICKELL AVE**  
**910**      **910**  
**MIAMI FL 33131**      **MIAMI FL 33131**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0324716**      Not Applicable

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



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**SCHOTTENSTEIN, JEFFREY M.**  
**1000 BRICKELL AVE**  
**910**  
**MIAMI-FL-33131**

7. Name and Address of New Registered Agent  
 Name **Jeff Schottenstein**  
 Street Address (P.O. Box Number is Not Acceptable) **800 Brickell Ave**  
 City **Ste 1111**      **Miami**      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOTTENSTEIN, JEFFREY M	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 910	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 exemption stated in Section 119.07(3)(i), 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 #