

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000034977

FILED
Sep 29, 2015
Secretary of State
CC1900261971

Entity Name: BRICKELL CITY CENTRE PLAZA LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE, SUITE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE, SUITE 600
MIAMI, FL 33131 US

FEI Number: 45-1829628

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHU, LINDA
501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131 US

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.

SIGNATURE: LINDA CHU

09/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	PRESIDENT, ASST. SECRETARY
Name	BRADLEY, GUY	Name	OWENS, STEPHEN L
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	ASST. SECRETARY
Name	GANDOLFO, CHRISTOPHER	Name	MCMAIN, BEVERLEY
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP
Name	CHU, LINDA	Name	CORTABARRIA, GONZALO
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP
Name	ALES, EFREN	Name	CHU, LINDA
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN L. OWENS

PRESIDENT

09/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name CORTABARRIA, GONZALO
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title ASST. VP
Name ALES, EFREN
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131