## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000033605

1. Entity Name 3305 HOLDING COMPANY, LLC



Principal Place of Business

2200 SOUTH DIXIE HIGHWAY #701 MIAMI, FL 33133

Mailing Address

2200 SOUTH DIXIE HIGHWAY #701

MIAMI, FL 33133

**FILED** Feb 22, 2008 08:00 AN Secretary of State



01252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
80-0075389	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

A1A GENERAL CONTRACTORS, INC. 920 TANGIER STREET CORAL GABLES, FL 33134

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<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000835475 02/29/08-80037-013 138.75	

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	A1A GENERAL CONTRACTORS, INC.
STREET ADDRESS	920 TANGIER STREET
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	CPS CONTRACTORS, LLC
STREET ADDRESS	2200 S. DIXIE HIGHWAY #701
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGRM
NAME	RINO DEVELOPMENT, INC.
STREET ADDRESS	2821 COACOOCHEE STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	A
CITY-ST-ZIP	
1	1 A//

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I hereby certify that the information supplied with this filling codes for qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my supplied 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 true empowered of execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this filing di

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING. ANGING MEMBER, OR AUTHORIZED REPRESENTATIVE

305-856-3919