


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 80-0075389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \$138.75
After May 1, 2008 Fee will be \$538.75

U00000835475
 02/29/08-80037-013 138.75

9. MANAGING MEMBERS/MANAGERS

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

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11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE  **2/18/08** **305-856-3919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #