## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 29, 2008 8:00 am Secretary of State **DOCUMENT #L05000098032** 02-29-2008 90102 020 \*\*\*138.75 **BRAVA PROPERTIES, LLC** Principal Place of Business Mailing Address AAATTOQI 3191 CORAL WAY --3191 CORAL WAY -694 <del>- 624 --</del> -MIAMI: FL -33145 -MIAMI: FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2828 CORAL WAY 2828 CORAL WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 308 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For F∠ 20-4091266 Not Applicable \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME MELO, PAULO Street Address (P.O. Box Number is Not Acceptable) +9191 CORAL WAY 3024 MIAMI, FL 33145 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 Signature, typed or printed name of regularized agent and title if applicable. (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE SAHE Change ☐ Addition 2825 CORAL WAY # 308 NAME TAVARES DE MELO, PAULO HALAC STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DRIVE-HIAHI, FL , 33145 CITY-ST-7IP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Detete SAHE Change ☐ Addition 2828 CORAL WAY # 30 P NAME TAVARES DE MELO, ROMILDO MALE STREET ADDRESS 520 BRICKELL KEY DRIVE ... STREET ADDRESS HIAHI, FL 33145 CITY-ST-ZIP MIAMI, FL 33131-CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Determination TITLE ☐ Change ■ Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete mn F ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Detete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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 cath; 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.

ER, OR AUTHORIZED REPRESENTATIVE

FILED