

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# L05000103180

Entity Name: BRH GROUP, LLC

**Current Principal Place of Business:**

2050 CORAL WAY  
404  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2050 CORAL WAY  
404  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 20-3654677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORRADI, BEATRIZ  
2050 CORAL WAY  
404  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORRADI, BEATRIZ  
Address: 2050 CORAL WAY STE 404  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: CAIFADI, HECTOR RICARDO  
Address: 2050 CORAL WAY STE 404  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: ALLENDE, HECTOR  
Address: 2050 CORAL WAY STE 404  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BEATRIZ CORRADI

MGMR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date