

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90099 021 ****50.00

DOCUMENT # L01000006087

1. Entity Name

BRILAND HOLDINGS, L.L.C.



Principal Place of Business

**% HICKS, ANDERSON & KNEALE, P.A.
799 BRICKELL PLAZA, 9TH FL.
MIAMI, FL 33132**

Mailing Address

**% HICKS, ANDERSON & KNEALE, P.A.
799 BRICKELL PLAZA, 9TH FL.
MIAMI, FL 33132**



07132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKS, MARK
% HICKS, ANDERSON & KNEALE, P.A.
799 BRICKELL PLAZA, 9TH FL.
MIAMI, FL 33132**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, MARK %799 BRICKELL PLAZA, 9TH FL. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTON, ROBERT 121 MADEIRA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Richard Hottel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/14/04
Date

305.978.6575
Daytime Phone #

Authorized Representative