

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC

CR2E083 (10/03)

**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 May 1, 2005**

U00000176460  
01/10/05-80090-015 55.00

**DO NOT WRITE  
IN THIS SPACE**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	HICKS, MARK
<b>STREET ADDRESS</b>	%799 BRICKELL PLAZA, 9TH FL.
<b>CITY-ST-ZIP</b>	MIAMI, FL 33132
<b>TITLE</b>	MGRM
<b>NAME</b>	NORTON, ROBERT
<b>STREET ADDRESS</b>	121 MADEIRA AVE.
<b>CITY-ST-ZIP</b>	CORAL GABLES, FL 33134
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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: X**

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

Date

Daytime Phone #

*Mark Hicks manager 1/7/05*

305.374.8171