


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90071 009 \*\*\*\*50.00

DOCUMENT # L01000017141	
1. Entity Name 9308 HOLDINGS, L.L.C.	

Principal Place of Business C/O RICHARD J. ALAN CAHAN, ESQ. <del>5201 BLUE LAGOON DR., STE. 100</del> MIAMI, FL 33126 121 Alhambra Plaza, Suite 1000, Coral Gables, FL 33134	Mailing Address C/O RICHARD J. ALAN CAHAN, ESQ. <del>5201 BLUE LAGOON DR., STE. 100</del> MIAMI, FL 33126 121 Alhambra Plaza, Suite 1000, Coral Gables, FL 33134
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01062004 No Chg-LLC      CR2E083 (10/03)

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4. FEI Number 65-1136884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ALAN CAHAN, RICHARD J ESQ.  
 BECKER & POLIAKOFF, P.A.  
~~5201 BLUE LAGOON DR., STE. 100~~ 121 Alhambra Plaza  
~~MIAMI, FL 33126-2065~~ Suite 1000  
 Coral Gables, Florida 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 RICHARD J. ALAN CAHAN      4/23/04  
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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLAISIER, PETER 3342 BB HENDRIK-IDO-AMBACHT DORPSTRAAT 53 THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOL, RW 3342 BB HENDRIK-IDO-ARCHTERAMACHT THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:**       11g April 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #