

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90534 011 ****50.00

DOCUMENT # L01000017141

1. Entity Name
9308 HOLDINGS, L.L.C.



Principal Place of Business
C/O RICHARD J. ALAN CAHAN, ESQ.
121 ALHAMBRA PLAZA, SUITE 1000
CORAL GABLES, FL 33134

Mailing Address
C/O RICHARD J. ALAN CAHAN, ESQ.
121 ALHAMBRA PLAZA, SUITE 1000
CORAL GABLES, FL 33134

20023140



01102005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

ALAN CAHAN, RICHARD J ESQ.
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA SUITE 1000
CORAL GABLES, FL 33134

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLAISIER, PETER 3342 BB HENDRIK-IDO-AMBACHT DORPSSTRAAT 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	

**DO NOT WRITE
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:

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

Date

02/14/05

Daytime Phone #