


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 22, 2006 08:00 AM**  
**Secretary of State**

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
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01122006 No Chg-LLC CR2E083 (11/05)

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$50.00 Due by May 1, 2006**

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,
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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 exemptions contained in Chapter 119, 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:  P. Plaisier 05/09/06.

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