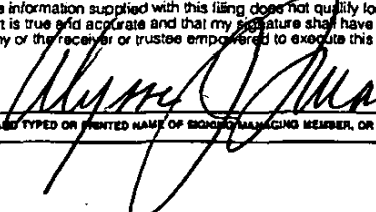


FILED
Sep 06, 2005 8:00 am
Secretary of State

08-03-2005 90020 032 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000021742		
1. Entity Name BRUALDI HOLDINGS, LLC		
Principal Place of Business 435 L'AMBIANCE DRIVE SUITE M808 PHG LONGBOAT KEY, FL 34228 US		Mailing Address 435 L'AMBIANCE DRIVE SUITE M808 PHG LONGBOAT KEY, FL 34228 US
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.		07192005 No Chg-LLC CR2E083 (10/03)
		4. FEI Number 13-4237857 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
BRUALDI, ULYSSES J JR 435 L'AMBIANCE DRIVE SUITE M808 LONGBOAT KEY, FL 34228		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
Filing Fee is \$50.00 Due by September 7, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRUALDI, ULYSSES J JR 435 L'AMBIANCE DR SUITE M808 LONGBOAT KEY, FL 34228	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: 8/30/05 Daytime Phone #