

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000432

Entity Name: DRAM HOLDINGS, LLC

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

2645 NE 207TH ST #101
AVENTURA, FL 33180

New Principal Place of Business:

2645 NE 207TH ST
AVENTURA, FL 33180

Current Mailing Address:

2645 NE 207TH ST #101
AVENTURA, FL 33180

New Mailing Address:

2645 NE 207TH ST
AVENTURA, FL 33180

FEI Number: 01-0634461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, JENNIFER SHAW ESQ.
LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD #501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DANIEL SAWICKI REVOC, ABLE TRUST
Address: 2645 NE 207TH STREET
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: STABINSKI, LUIS
Address: 2645 NE 207TH ST #101
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: MITRANI, ELIAS
Address: 2645 NE 207TH ST #101
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIAS MITRANI

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date