2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # L02000006820 1. Entity Name BRAVO CAPITAL OF FLORIDA, LLC					01-20-2004 90205 015 ****50.00					
Principal Place of Business Mailing Address					1					
Principal Place of Business Mailing Address 300 SEVILLA AVE., STE. 215 300 SEVILLA AVE., STE. 21			215		l					
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134					İ					
							III 88 111 88116 6 1	181 () 18 1 18 1 18 1	(81 6 m 1981	
Principal Place of Business 3. Mailing Address										
2. Principal P	3. Mailing Address	Address				ii ddiii kalla di		144, 1461		
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
				01082004	Chg-LLC	CR2E0	83 (10/03)			
City & State		City & State		4. FEI Numbe			Ap	pliea For		
		 			03-047	7881			t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current			7 Name and	Address of New F		<u></u>			
V. Name and Address of Outlean neglistered Agent				7. Name and Address of New Registered Agent Name						
NALL, DANIEL W CPA			<u> </u>							
300 SEVIL	.LA		Street Address			(P.O. Box Number is Not Acceptable)				
STE 215 MIAMI, FL 33134										
, till till, i E 00104			<u> </u>	City				Zip Code		
							FL	·		
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. Lam familiar with, and accept										
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaint) DATE										
-6										
Filling Fee is \$50.00 Make check payab							ayable to			
D	ue by May 1, 2004					Florid	a Departm	ent of State	8	
9.	MANAGING MEMBE	RS/MANAGERS . 10.				ADDITIONS	ICHANCES.	000000000000000000000000000000000000000	Magazian (j)	
TITLE	s WANAGING MEMBE	Delete	TITLE			ADDITIONS	CHANGES	Change	Agaition	
NAME	SABLATSKY, STEVEN	U Doleze	NAME	SAI	BIOTSKO	1. Sto. 1.	en/	Onlings	7.00	
STREET ADDRESS	13656 DEERING BAY DR		STREET A	NOURESS		112100	_/V			
CITY-ST-ZIP	CORAL GABLES FL 33158		CITY-ST-	-ZIP CO /	AL GA	1, Steve bles, FE	3315	8		
TITLE		Delete				•		Change	Accition	
NAME			NAME	anatan						
STREET ADDRESS CITY-ST-ZIP			STREET AS							
				- Zir				Change	Audition	
TITLE NAME		☐ Delete	TITLE NAME					change	Accition	
STREET ADDRESS			STREET A	NDDAESS						
CITY-ST-ZIP			CITY-ST-	-ZIP						
TITLE		☐ Delete	TITLE		·			Change	Adaition	
NAME			NAME							
STREET ADDRESS	}		STREET A	í						
CITY-ST-ZIP				- 217			- <u>-</u>			
NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET A	VDDRESS						
CITY-ST-ZIP			CITY-ST-	I						
TITLE		☐ Delete	TITLE		· <u>-</u>			☐ Change	Addition	
NAME			NAME							
CTREET ANDRESS	I		STREET AS	nnacee 1						

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information thy signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the boggered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company or the legitimated. supplied with this er or trustee

CITY-ST-ZIP

CITY-ST-ZIP

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

Daytime Phone #