2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000006820 1. Entity Name

BRAVO CAPITAL OF FLORIDA, LLC

Mailing Address

Principal Place of Business 300 SEVILLA AVE., STE. 215 CORAL GABLES, FL 33134

300 SEVILLA AVE., STE. 215 CORAL GABLES, FL 33134

FILED Jan 24, 2005 08:00 AM **Secretary of State**

CR2E083 (10/03)



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable 03-0477881 \$5.00 Additional 5. Certificate of Status Desired Fee Required

IN THIS SPACE

01172005 No Chg-LLC

6. Name and Address of Current Registered Agent DO NOT WRITE

NALL, DANIEL W CPA 300 SEVILLA STE 215 MIAMI, FL 33134

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_ Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature regulred when (cinstating)

Filing Fee is \$50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	S SABLOTSKY, STEVEN 13656 DEERING BAY DR CORAL GABLES, FL 33158	U00000194697 01/25/05-80111-003 50.00
TITLE NAME STREET ADDRESS GTY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS - CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1	

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 employered to effect 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 employered to effect the same legal effect as if made under oath; that I am a managing member or manager of the

SIGNATURE:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE