2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011673

1. Entity Name
445 BRAZILIAN LLC

Principal Place of Business	Mailing Address
445 BRAZILIAN AVENUE PALM BEACH, FL 33480	P.O. BOX 2951 PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
249 PERUVIAN AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
PALM BEACH, FL	
Zip 33480	Country	Zip	Country

03172007   Chg-LLC   CR2E083 (12/06)

4. FEI Number		Applied For
01-0702121		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLANTZ, RONALD P ESQ. 7951 SW 6TH STREET, SUITE 200 PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL ___ Zip Code

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
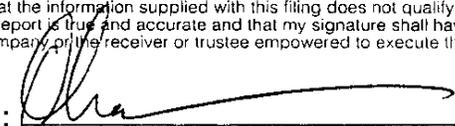
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	OHANNESSIAN, ANTOINE		NAME			
STREET ADDRESS	P.O. BOX 2951		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____

ANTOINE OHANNESSIAN
3/23/2007   561-832-2644

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