

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90089 005 \*\*\*\*50.00

**DOCUMENT # L03000005440**

1. Entity Name  
**BRILAND MANAGEMENT, LLC**



Principal Place of Business **1850 SE 17th St.** Mailing Address **1850 SE 17th St.**  
~~1080 SOUTHEAST 3RD AVENUE~~ Suite 300 ~~1080 SOUTHEAST 3RD AVENUE~~ Suite 300  
**FORT LAUDERDALE, FL 33316** **FORT LAUDERDALE, FL 33316**



02152005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0598781**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WOLFE, RICHARD C**  
**2 SOUTH BISCAYNE BLVD., SUITE 2400**  
**ONE BISCAYNE TOWER**  
**MIAMI, FL 33131**

**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.

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HUDSON, STEVEN W
STREET ADDRESS	<del>1080 S.E. 3RD AVENUE</del> <b>1850 SE 17th St., Suite 300</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33316</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

**Steven W. Hudson**

**3/29/05 954-356-5800**

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

Date

Daytime Phone #