## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000021885**

1. Entity Name BRANDI HOLDINGS, L.L.C.



FILED
Jan 17, 2006 08:00 AM
Secretary of State

Principal Place of Business

C/O MELVIN M. GROSSMAN 1751 NW 93RD TERR. PLANTATION, FL 33322 Mailing Address

C/O MELVIN M. GROSSMAN 1751 NW 93RD TERR. PLANTATION, FL 33322



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0045560

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., STE. 485-SOUTH HOLLYWOOD, FL 33021

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11/2006

954-9626333

Daytime Phone #

		}		
8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept	
SIGNATURE,	Signature, typed or printed name of registered agent and title if applicable			
Fi	iling Fee is \$50.00 ue by May 1, 2006	(NOTE Registered Agent signature required when reinstaling)	DATE	
9.	MANAGING MEMBERS/MANAGERS			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSMAN, MELVIN M 1751 NW 93 TERR. PLANTATION, FL 33322		U00000388396 01/20/06-20003-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		01/2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS				

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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