## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021885

1. Entity Name

BRANDI HOLDINGS, L.L.C.

Principal Place of Business

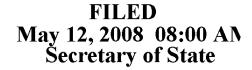
1751 NW 93RD TERR.

PLANTATION, FL 33322

C/O MELVIN M. GROSSMAN

Mailing Address

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





04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-0045560		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Red	Additional quired

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

the obligi	ations of registered agent.		
SIGNATURE	Signature, typed or printed name of registered agent and bile if applicable	(NOTE: Registered Agent signature required when remistating)	DATE
	E NOW!!! FEE IS \$138.75 by 1, 2008 Fee will be \$538.75		U00000951065 06/04/08-80017-010 538.75
0	MANIAGING MEMBERS/MANIAGERS	المعارض والمراجع	\$4.775.00 (4.15.00 ) (4.15.00 )

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSMAN, MELVIN M 1751 NW 93 TERR. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	- Prison
THTLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
44 I barabur	earlify that the information complied with this filling does not qualify for the o

## DO NOT WRITE

11. 1 hereby certify that the information supplied with this filling 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 eath; 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:

MEDAN M. GROSSMAN, M.D., PA

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

17/2008

(954) 962-63

Daytime Phone