

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90072 033 ****50.00

DOCUMENT # L03000032521

1. Entity Name
BRAUN FAMILY, L.L.C.



Principal Place of Business
**195 AUDUBON BLVD.
NAPLES, FL 34110**

Mailing Address
**195 AUDUBON BLVD.
NAPLES, FL 34110**

2. Principal Place of Business

3. Mailing Address

8530 Wilshire Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 506

03312004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Beverly Hills, CA

4. FEI Number

54-2123709

Applied For

Not Applicable

Zip

Country

Zip

Country

90211

USA

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

**SKRIVAN, KENT A ESQ
BUTZEL LONG
801 LAUREL OAK DR., STE. 705
NAPLES, FL 34108**

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRAUN, STANLEY
195 AUDUBON BLVD.
NAPLES, FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Stanley Braun* **Stanley Braun, Member**

(239) 254-1438

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

Date

Daytime Phone #