2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State
04-24-2006 90042 034 ****50.00

DOCUMENT # L03000032521

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

Principal Place of Business	Mailing Address
195 AUDUBON BLVD. NAPLES, FL 34110	8350 WHILSHIRE BLVD STE 506 BEVERLY HILLS, CA 90211

300008000

04172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		6310 SAN VICENTE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 250	
City & State		City & State LOS ANGELES, CA	
Zip	Country	Zip 90048	Country USA

4. FEI Number 54-2123709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006

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
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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: Stanley Braun 5/20/06 239 254-1438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #