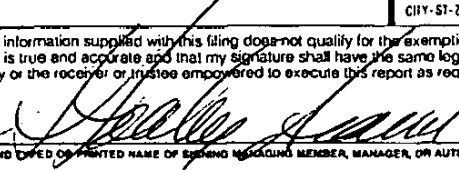


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 195 AUDUBON BLVD. NAPLES, FL 34110		Mailing Address 8350 WHILSHIRE BLVD STE 506 BEVERLY HILLS, CA 90211	
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	Country
		90048	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 _____ (NOTE: Registered Agent signature required when reappointing) 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 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 606, Florida Statutes.			
SIGNATURE: 		Date: 5/22/06 239 Daytime Phone: 254-1438	

300000000



04172006 Chg-LLC CR2E083 (11/05)