2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032521

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

FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
195 AUDUBON BLVD. NAPLES, FL 34110	6310 SAN VICENTE BLVD STE 250 LOS ANGELES, CA 90048

07032008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

9. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BRAUN, STANLEY
STREET ADDRESS	195 AUDUBON BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000958768
09/03/08-80001-010 138.75

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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) 8/27/08 604 602 1610
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, RECEIVER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #