2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000025248

1. Entity Name
HAMSA HAND HOLDINGS LLC

Principal Place of Business	Mailing Address
2700 W CYPRESS CREEK RD C-105 FT LAUDERDALE, FL 33309 US	2700 W CYPRESS CREEK RD C-105 FT LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE

01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number
30-3273954
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BORKSON, ELLIOT P
1313 S ANDREWS AVENUE
FT LAUDAERDALE, FL 33316

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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 Elliot Borkson 1/22/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000798694
01/30/08-80038-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OSOFSKY, ALAN B
STREET ADDRESS	3100 S OCEAN BLVD APT 3015
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGR
NAME	GOLDBERG, ALAN J
STREET ADDRESS	2700 W CYPRESS CREEK RD C-105
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Alan Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #