

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000055637</b> 1. Entity Name <b>BRILAND HOLDINGS, LLC</b>	
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**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>5959 BLUE LAGOON DR.                  STE. 200                  MIAMI, FL 33172</b>	Mailing Address <b>5959 BLUE LAGOON DR.                  STE. 200                  MIAMI, FL 33172</b>
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07112008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>20-1418864</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPCO, INC.  
 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
 MIAMI, FL 33133**

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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 \_\_\_\_\_ 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.

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	MURPHY, THOMAS P JR
STREET ADDRESS	5959 BLUE LAGOON DR., STE 200
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000355380  
 07/17/08-80003-011 138.75

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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:**       **7/11/08**      **305-559-4900 X251**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #