

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024130

FILED
Apr 27, 2006
Secretary of State

Entity Name: BRAMBLETON HOLDINGS, LLC

Current Principal Place of Business:

2655 LEJEUNE ROAD, FIFTH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LEJEUNE ROAD, FIFTH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARISTA, EDUARDO R ESQ
ARISTA & FELDMAN, P.L.
2655 S LEJUNE RD., STE 515
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SALINAS, JAVIER G
Address: 1441 RHODE ISLAND AVE., NW, APT 620
City-St-Zip: WASHINGTON, DC 20005

Title: MGRM () Delete
Name: ARISTA, DANIEL E
Address: 409 LENZER AVE., APT 11202
City-St-Zip: SIERRA VISTA, AZ 85635

Title: MGRM () Delete
Name: ARISTA, EDUARDO R
Address: 2655 LEJEUNE ROAD, SUITE 515
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDUARDO R. ARISTA

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date