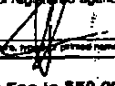


FILED
Jun 26, 2006 8:00 am
Secretary of State

05-01-2006 90061 018 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000052339			
1. Entity Name BRAHA, LLC			
Principal Place of Business 1111 PARK CENTER BLVD. SUITE 453 MIAMI, FL 33169 US		Mailing Address 1111 PARK CENTER BLVD. SUITE 453 MIAMI, FL 33169 US	
2. Principal Place of Business 1250 E. HALLANDALE BEACH BLVD. Suite, Apt. #, etc. SUITE 404 City & State HALLANDALE B, FL		3. Mailing Address 1250 E. HALLANDALE BEACH BLVD. Suite, Apt. #, etc. SUITE 404 City & State HALLANDALE B, FL	
Zip 33009		Country US	
4. FEI Number 20-2961489		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PAUL FELDMAN, PA 407 LINCOLN ROAD SUITE 701 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name ADAR, AMRAM Street Address (P.O. Box Number is Not Acceptable) 1250 E. HALLANDALE BEACH BLVD., SUITE 404 City HALLANDALE FL Zip Code 33009	
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 registering) 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 ADAR, AMRAM 1111 PARK CENTER BLVD., SUITE 453 MIAMI, FL 33169 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP MANAGING MEMBER ADAR, AMRAM 1250 E HALLANDALE BEACH BLVD, SUITE 404 HALLANDALE, FL 33009 ☐ 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	
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	
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 608, Florida Statutes.			
SIGNATURE:  AMRAM ADAR		Date April 27/06	