

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052339

Entity Name: BRAHA, LLC

FILED  
Feb 18, 2008  
Secretary of State

## Current Principal Place of Business:

1250 E. HALLANDALE BEADCH BLVD  
STE 404  
HALLANDALE, FL 33009 US

## Current Mailing Address:

1250 E. HALLANDALE BEADCH BLVD  
STE 404  
HALLANDALE, FL 33009 US

## New Principal Place of Business:

18851 NE 29TH AVENUE  
7TH FLOOR  
AVENTURA, FL 33180 US

## New Mailing Address:

20533 BISCAYNE BLVD  
STE 409  
AVENTURA, FL 33180 US

FEI Number: 20-2961489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAR, AMRAM  
1250 E. HALLANDALE BEACH BLVD, STE 404  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

LANKRY, AARON  
18851 NE 29TH AVENUE  
7TH FLOOR  
AVENTURA, FL 33180 US

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: AARON LANKRY

02/18/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ADAR, AMRAM  
Address: 1250 E. HALLANDALE BEACH BLVD, STE 404  
City-St-Zip: HALLANDALE, FL 33009 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LANKRY, AARON  
Address: 18851 NE 29TH AVENUE 7TH FLOOR  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify 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: AARON LANKRY

MGR

02/18/2008

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