



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90034 041 \*\*\*\*50.00

<b>DOCUMENT # L05000078779</b> 1. Entity Name <b>NILO VIANNA BRAGA FILHO, LLC</b>					
Principal Place of Business <b>100 LINCOLN RD</b> <b>507</b> <b>MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>100 LINCOLN RD</b> <b>507</b> <b>MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRAGA FILHO, NILO V</b> <b>100 LINCOLN RD</b> <b>507</b> <b>MIAMI BEACH, FL 33139</b>				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 renewing) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	BRAGA FILHO, NILO V		NAME		
STREET ADDRESS	100 LINCOLN RD # 507		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					