

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000083734

1. Entity Name
BRANCH CREEK 26 HOLDINGS, LLC



**FILED
May 05, 2006 8:00 am
Secretary of State**

05-05-2006 90029 021 ****50.00

Principal Place of Business
4434 N. BAY ROAD
MIAMI BEACH, FL 33140

Mailing Address

4434 N. BAY ROAD
MIAMI BEACH, FL 33140

2. Principal Place of Business

301 Arthur Godfrey Rd
Suite, Apt. #, etc.
Suite 502

3. Mailing Address

301 Arthur Godfrey Rd
Suite, Apt. #, etc.
Suite 502

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3391141

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
RACHEMALENU MANAGEMENT CORP.
4434 N. BAY ROAD
MIAMI BEACH, FL 33140

Delete

10.

ADDITIONS/CHANGES

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
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Change Addition

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Change Addition

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TITLE
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CITY-ST-ZIP

Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #