


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90304 031 \*\*\*138.75

DOCUMENT # L07000046018	
1. Entity Name HASSAN BROTHERS HOLDINGS, LLC	

Principal Place of Business C/O MARC MAJED EL HASSAN <del>9857 OLD ST. AUGUSTINE ROAD, SUITE 5</del> JACKSONVILLE, FL 32257	Mailing Address C/O MARC MAJED EL HASSAN <del>9857 OLD ST. AUGUSTINE ROAD, SUITE 5</del> JACKSONVILLE, FL 32257
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2. Principal Place of Business - No P.O. Box # 9803 Old St. Augustine Rd	3. Mailing Address 9803 Old St. Augustine Rd
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1

City & State	City & State
Zip	Country

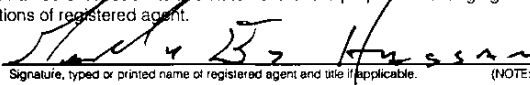


04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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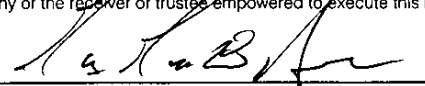
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AKEL, EDWARD C ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name: Marc Majed El Hassan Street Address (P.O. Box Number is Not Acceptable): 9803 Old St. Augustine Rd Suite 1 City: Jacksonville FL Zip Code: 32257
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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: 	DATE: 4/16/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASSAN, ANDREW M <del>9857 OLD ST. AUGUSTINE ROAD, SUITE 5</del> JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9803 Old St. Augustine Rd Suite 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EL HASSAN, MARC MAJED <del>9857 OLD ST. AUGUSTINE ROAD, SUITE 5</del> JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone # 904-880-4681	