

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074284

Entity Name: BRAVEN INVESTMENTS, LLC

FILED  
Apr 11, 2009  
Secretary of State

## Current Principal Place of Business:

24305 SW 113TH PASSAGE  
HOMESTEAD, FL 33032

## New Principal Place of Business:

5900 SW 73RD STREET, SUITE 104  
SOUTH MIAMI, FL 33143

## Current Mailing Address:

24305 SW 113TH PASSAGE  
HOMESTEAD, FL 33032

## New Mailing Address:

5900 SW 73RD STREET, SUITE 104  
SOUTH MIAMI, FL 33143

FEI Number: 26-3141596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GHIZONI, JAMILE F  
24305 SW 113TH PASSAGE  
HOMESTEAD, FL 33032 US

## Name and Address of New Registered Agent:

GHIZONI, JAMILE F MGRM  
24305 SW 113TH PASSAGE  
HOMESTEAD, FL 33032 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: JAMILE F. GHIZONI

04/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FOSSI, CLAUDIA  
Address: 2601 TIGERTAIL AVE.  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: SCHROEDER, MARTIN  
Address: 2601 TIGERTAIL AVE.  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: GHIZONI, JAMILE F  
Address: 24305 SW 113TH PASSAGE  
City-St-Zip: HOMESTEAD, FL 33032

Title: MGRM ( ) Delete  
Name: GHIZONI, ESTEVAO  
Address: 24305 SW 113TH PASSAGE  
City-St-Zip: HOMESTEAD, FL 33032

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ESTEVAO GHIZONI

MGRM

04/11/2009

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