

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000119151

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** CAUFF FAMILY HOLDINGS, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 530  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 530  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 45-3540903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FURLAN, CHRISTOPHER  
2121 PONCE DE LEON BLVD.  
SUITE 530  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CAUFF, JONATHAN  
**Address:** 2121 PONCE DE LEON BLVD., SUITE 530  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGRM  
**Name:** CAUFF, BRANDON  
**Address:** 2121 PONCE DE LEON BLVD., SUITE 530  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGRM  
**Name:** BROWN, ABBY  
**Address:** 2121 PONCE DE LEON BLVD., SUITE 530  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGRM  
**Name:** LOEB, MARNI  
**Address:** 2121 PONCE DE LEON BLVD., SUITE 530  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGRM  
**Name:** GRANAURO, RANDI  
**Address:** 2121 PONCE DE LEON BLVD., SUITE 530  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** CAUFF, BRIAN E DR.  
**Address:** 2121 PONCE DE LEON BLVD., SUITE 530  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** JONATHAN CAUFF

MGRM

01/05/2012

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