


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000467 1. Entity Name BRAVA, LLC	
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Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, SUITE 725 COCONUT GROVE, FL 33133	Mailing Address 2601 SOUTH BAYSHORE DRIVE, SUITE 725 COCONUT GROVE, FL 33133
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01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0952389	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE, PHILLIP T MD 120 ARVIDA PKY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR FREYRE, CARLOS V 4510 SW 74ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD KHOURI, ROGER K MD 560 HARBOUR DRIVE KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/05-80015-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____