


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000000467</b>	
1. Entity Name <b>BRAVA, LLC</b>	

Principal Place of Business <b>2601 SOUTH BAYSHORE DRIVE, SUITE 725 COCONUT GROVE, FL 33133</b>	Mailing Address <b>2601 SOUTH BAYSHORE DRIVE, SUITE 725 COCONUT GROVE, FL 33133</b>
--	--

DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-0952389</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>
--

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, 2007
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GEORGE, PHILLIP T MD 120 ARVIDA PKY CORAL GABLES, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PMGR FREYRE, CARLOS V 4510 SW 74ST MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRD KHOURI, ROGER K MD 478 BAY LANE KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000590305  
01/18/07-80049-010 50.00

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.

<b>SIGNATURE:</b> _____	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</b> <i>Carlos V. Freyre</i>	<b>Date</b> <i>1/16/07</i>	<b>Daytime Phone #</b> <i>305-876-4242</i>
-------------------------	--	-------------------------------	---