

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002805

Entity Name: BRANDON OF MIAMI, LLC

FILED
Apr 05, 2008
Secretary of State

Current Principal Place of Business:

C/O MICHAEL SCHER
66 WELLINGTON AVE.
NEW ROCHELLE, NY 10804

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL SCHER
66 WELLINGTON AVE.
NEW ROCHELLE, NY 10804

New Mailing Address:

FEI Number: 20-2972035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD., #100
TALLAHASSEE, FL 32309 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 () Delete
Name: SCHER, MICHAEL
Address: 66 WELLINGTON AVE.
City-St-Zip: NEW ROCHELLE, NY 10804

Title: MGRM () Delete
Name: BURMAN, JAN
Address: 2545 HEMPSTEAD TURNPIKE, SUITE 401
City-St-Zip: EAST MEADOW, NY 11554

Title: MGRM () Delete
Name: GREENMAN, CHARLES
Address: 405 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10174

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:

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: MICHAEL SCHER

MR

04/05/2008

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