

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000425

FILED
Apr 30, 2008
Secretary of State

Entity Name: 215 BRAZILIAN HOLDING LLC

Current Principal Place of Business:

390 PARK AVENUE, 3RD FLOOR
C/O RFR HOLDING LLC
NEW YORK, NY 10022

New Principal Place of Business:

C/O RFR HOLDING LLC
390 PARK AVENUE, 3RD FLOOR
NEW YORK, NY 10022

Current Mailing Address:

390 PARK AVENUE, 3RD FLOOR
C/O RFR HOLDING LLC
NEW YORK, NY 10022

New Mailing Address:

P.O. BOX 320545
FAIRFIELD, CT 06825

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. 2ND STREET
SUITE 2900
MIAMI, FL 33131 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: CHARLES J. RENNERT, V.P. 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSEN, ABY
Address: 390 PARK AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

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

Title: MGR () Delete
Name: FUCHS, MICHAEL
Address: 390 PARK AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10022

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: ABY ROSEN MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date