2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90030 016 ****50.00

DOCUMENT # L04000074972

1. Entity Name
BRAD MELLOR, LLC.

Principal Place of Business	Mailing Address
1773 SOUTHWEST VICKIE TERRACE STUART FL 34997	1773 SOUTHWEST VICKIE TERRACE STUART FL 34997

2. Principal Place of Business	3. Mailing Address
1734 SW Diana Ter Suite, Apt. #, etc.	1734 SW Diana Ter Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart FL
Zip: 34997 / Country: USA	Zip: 34997 / Country: USA

1st MOORE CR2E083 (10/04)

4. FEI Number: [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELLOR, BRAD 1773 SOUTHWEST VICKIE TERRACE STUART FL 34997	Name: Brad Mellor LLC Street Address (P.O. Box Number is Not Acceptable): 1734 SW Diana Ter City: Stuart FL Zip Code: 34997

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: Bradford Mellor — Bradford Mellor — 3/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR [ ] Delete	TITLE	[X] Change [ ] Addition
NAME	MELLOR, BRAD	NAME	Brad Mellor
STREET ADDRESS	1773 SOUTHWEST VICKIE TERRACE	STREET ADDRESS	1734 SW Diana Ter
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	Stuart FL 34997
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bradford Mellor — Bradford Mellor — 3/29/05 — 7722235513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #