


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 12 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B06000000389			
1. Entity Name BRADEN PARTNERS, L.P.			
Principal Place of Business 88 ROWLAND WAY STE 300 NOVATO, CA 94945		Mailing Address 88 ROWLAND WAY STE 300 NOVATO, CA 94945	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202007 Chg-LP CR2E003 (12/06)

4. FEI Number
94-3122268
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

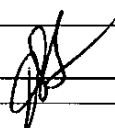
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD STE 101 TALLAHASSEE, FL 32301-2960		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KELLY, PETER B 88 ROWLAND WAY STE 300 NOVATO, CA 94945	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	MARTIN, TIMOTHY J 88 ROWLAND WAY STE 300 NOVATO, CA 94945	STREET ADDRESS	100092640931 03/14/07--01042--006 **500.00
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/07

Date

415-893-1518

Daytime Phone #

STAPLE CHECK HERE