


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # B06000000389 1. Entity Name BRADEN PARTNERS, L.P.	
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FILED
08 JUN -4 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
05192008		Chg-LP	CR2E003 (12/06)
4. FEI Number 94-3122268		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD STE 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #		STREET ADDRESS	
NAME	KELLY, PETER B	CITY-ST-ZIP	000130684240
STREET ADDRESS	88 ROWLAND WAY STE 300		06/03/08--01028--008 **500.00
CITY-ST-ZIP	NOVATO, CA 94945		
DOCUMENT #	MARTIN, TIMOTHY J <i>see amendment</i>	STREET ADDRESS	
NAME	88 ROWLAND WAY STE 300	CITY-ST-ZIP	
STREET ADDRESS	NOVATO, CA 94945		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *Paul H. Make* **5/20/08** **415 893 1578 x 219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE