2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

		- Secretary of State
DOCUMENT # L0000004867 1. Entity Name BRADLEY P.B. ENTERPRISES, L.L.C.		, and a second
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Principal Place of Business Mailing Address		<u></u>
130 CLARENGON AVE PO BOX 2530 PALM BEACH, FL 33480 PALM BEACH, FL 33480		
DO NOT WRITE IN THIS SPACE		04252005 No Chg-LLC CR2E083 (10/03)
		4. FEI Number Applied For 65–1008522 Not Applicable
		₱ ₽ 00 • • • • •
		5. Certificate of Status Desired
6. Name and Address of Current Registered Agent		
HANLON, TIMOTHY M ESQ		DO NOT WRITE
C/O ALLEY, MARS, ROGERS RWNOCAY		
321 ROYAL POINCIANA SOUTH PALM BEACH, FL 33480		IN THIS SPACE
PALIVI BEACH, PE 33400		
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 Signature typed or printed name of registered agent and tife if applicable (NOTE Registered Agent signature required when reinstating) DATE DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		. 1 1/2 . 1
TIFLE MGRM		
NAME KROCK, RICHARD	I	
STREET AUDRESS 130 CLARENDON AVENUE	1	
CITY-ST-ZIP PALM BEACH, FL 33480	1	11000000349820
THILE	1	00000349880 05/02/05-80082-022 50.00
NAME	1	Committee of the commit
STREET ADDRESS		
CiTy-ST-ZiP		
TITLE	1	
NAME		
STREET ADDRESS	·	DO NOT WRITE
CITY-SI-ZIP		DO MOL MALLE
TITLE	1	IN THIS SPACE
NAME		IN THIS STACE
STRECT ADDRESS		
CITY-SI-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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: _____

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RICHARD H. KROCK 4/27/05

317-1935

Daylime Phone #