


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000006943</b> 1. Entity Name <b>BRADEN RIVER BUSINESS CENTER, LLC</b>	
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Principal Place of Business <b>5215 SR 64 EAST BRADENTON, FL 34208</b>	Mailing Address <b>P.O. BOX 449 ELLENTON, FL 34222</b>
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**DO NOT WRITE IN THIS SPACE**



02112008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-1028167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**BLALOCK LANDERS WALTERS & VOGLER PA  
802 11TH STREET WEST  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000895954  
04/24/08-80089-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, THOMAS B 32 TIDY ISLAND BLVD BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRICKLAND, BRET 400 COMMERCE CT GOLDSBORO, NC 27534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, DAVID 940 GULF HOUSE ROAD WEST STONE CREEK, NC 27377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 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:**  **Thomas B Brown** 4/8/2008 841-741-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #