



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -2 AM 9:19

DOCUMENT # L01000022471 1. Entity Name BRADFORD PROPERTIES OF CENTRAL FLORIDA, LLC					
Principal Place of Business 302 FOREST HAVEN DR. WINTER GARDEN, FL 34777			Mailing Address 302 FOREST HAVEN DR. WINTER GARDEN, FL 34777		
2. Principal Place of Business 100 W. PLANT ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 771547 Suite, Apt. #, etc.			
City & State WINTER GARDEN FL		City & State WINTER GARDEN FL		4. FEI Number 75-2985600	
Zip 34781		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADFORD, M. WADE 302 FOREST HAVEN DR. WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 W. PLANT ST City FL Zip Code 34781	
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 _____ REINSTATEMENT 04-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADFORD, WADE 302 FOREST HAVEN DR. WINTER GARDEN, FL 34787			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 W. PLANT STREET WINTER GARDEN 34781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER BRADFORD, JANICE 302 FOREST HAVEN DR. WINTER GARDEN, FL 34787			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 W. PLANT STREET WINTER GARDEN 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100046418241 02/11/05--01011--008 **205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 01/28/05 Daytime Phone # 407-656-6397	
M. WADE BRADFORD, MANAGER					