2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State
08-25-2006 90050 048 ****55.00

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1. Entity Name
BRADEN RIVER INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
2033 MAIN STREET STE. 600 SARASOTA, FL 34237	2033 MAIN STREET STE. 600 SARASOTA, FL 34237

08172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1111 3rd Ave. W.	1111 3rd Ave. W.
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34205 Country: USA	Zip: 34205 Country: USA

4. FEI Number: 57-1178368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYERS, TROY H JR, ESQ 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	Name: Alan H. Prather, Esquire Street Address (P.O. Box Number is Not Acceptable) 1111 3rd Ave. W., Suite 300 City: Bradenton **FL** Zip Code: 34205

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 _____ Alan H. Prather August 21, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HULTQUIST, JOHN 3690 VIEW LANE SARASOTA, FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Samuel J. Brown 221 Duke of Gloucester Street Annapolis, MD 21404-0668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Carl F. Wagner 10611 Iron Bridge Road, Suite L Jessup, MD 20794	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Carl F. Wagner 8/21/06 941-748-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #