
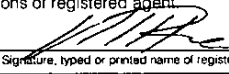
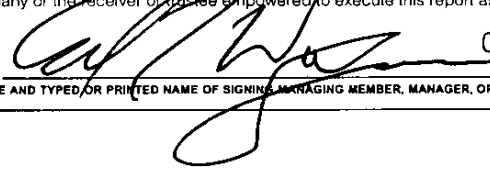


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90050 048 ****55.00

DOCUMENT # L02000027351 1. Entity Name BRADEN RIVER INVESTMENTS, L.L.C.					
Principal Place of Business 2033 MAIN STREET STE. 600 SARASOTA, FL 34237			Mailing Address 2033 MAIN STREET STE. 600 SARASOTA, FL 34237		
2. Principal Place of Business 1111 3rd Ave. W.		3. Mailing Address 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			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
08172006 Chg-LLC CR2E083 (11/05)					
6. Name and Address of Current Registered Agent MYERS, TROY H JR, ESQ 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Alan H. Prather, Esquire Street Address (P.O. Box Number is Not Acceptable) 1111 3rd Ave. W., Suite 300 City Bradenton FL 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	
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	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Samuel J. Brown 221 Duke of Gloucester Street Annapolis, MD 21404-0668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Carl F. Wagner 10611 Iron Bridge Road, Suite L Jessup, MD 20794	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	