


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90195 015 ****50.00

DOCUMENT # L02000034646

1. Entity Name
BRADENTON COUNCIL ON AGING, LLC



Principal Place of Business
**105 15TH STREET EAST
 PANAMA CITY, FL 32408**

Mailing Address
**105 15TH STREET EAST
 PANAMA CITY, FL 32408**

2. Principal Place of Business
105 15th Street East
 Suite, Apt. #, etc.

3. Mailing Address
105 15th Street East
 Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34208

Country
Manatee

Zip
34208

Country
Manatee



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2096364

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKIBBEN, R. BRUCE JR
 1435 E. PIEDMONT DRIVE, SUITE 214
 TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROCATO, MAXCINE 230 SOUTH BARFIELD HIGHWAY PAHOKEE, FL 33476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: Maxcine Brocato **MAXCINE BROCATO** 1-11-05 863-634-1287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #