2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
03-29-2004 90558 030 ****50.00

DOCUMENT # L03000004468

1. Entity Name
BRADY POINT COMPANY LLC

Principal Place of Business	Mailing Address
~~103 SEA MARSH ROAD~~ ~~AMELIA ISLAND, FL 32034~~	~~103 SEA MARSH ROAD~~ ~~AMELIA ISLAND, FL 32034~~

01082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1501 Lewis Street Suite, Apt. #, etc.	P.O. Box 3000 Suite, Apt. #, etc.
City & State: Amelia Island, FL	City & State: Amelia Island, FL
Zip: 32034 Country: Nassau	Zip: 32035-3000 Country: Nassau

4. FEI Number 57-1151356 ☐ 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
SUDDATH, LOVICK P ~~103 SEA MARSH ROAD~~ 9 marsh Hawk Rd. AMELIA ISLAND, FL 32034	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jack B. Healan Jr 4 Harrison Creek Rd. Amelia Island, FL 32034	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President S. Norman Bray 43 Sea marsh Road Amelia Island, FL 32034	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lovick P. Suddath 9 marsh Hawk Rd. Amelia Island, FL 32034	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ Jack B. Healan, Jr. 03/26/04 (904) 277-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #