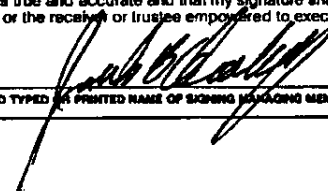


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 105 SEA MARSH ROAD AMELIA ISLAND, FL 32034		Mailing Address 105 SEA MARSH ROAD AMELIA ISLAND, FL 32034	
2. Principal Place of Business 1501 Lewis Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3000 Suite, Apt. #, etc.	
City & State Amelia Island, FL Zip 32034		City & State Amelia Island, FL Zip 32035-3000	
Country Massachusetts		Country Massachusetts	
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 SUDDATH, LOVICK P 105 SEA MARSH ROAD AMELIA ISLAND, FL 32034		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 _____ 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 President ☐ Delete NAME Jack B. Healan, Jr. STREET ADDRESS 4 Harrison Creek Rd. CITY-ST-ZIP Amelia Island, FL 32034	TITLE Change ☐ Addition ☐		
TITLE Executive Vice President ☐ Delete NAME S. Norman Bray STREET ADDRESS 43 Sea Marsh Road CITY-ST-ZIP Amelia Island, FL 32034	TITLE Change ☐ Addition ☐		
TITLE Vice President ☐ Delete NAME Lovick P. Suddath STREET ADDRESS 9 Marsh Hawk Rd. CITY-ST-ZIP Amelia Island, FL 32034	TITLE Change ☐ Addition ☐		
TITLE Change ☐ Addition ☐	TITLE Change ☐ Addition ☐		
TITLE Change ☐ Addition ☐	TITLE Change ☐ Addition ☐		
TITLE Change ☐ Addition ☐	TITLE 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)(f), 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.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		03/26/04 (904) 277-5101 Date Daytime Phone #	