

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000004470

1. Entity Name
BRADY POINT PRESERVE LLC



Principal Place of Business
**1501 LENIS STREET
AMELIA ISLAND, FL 32034**

Mailing Address
**PO BOX 3000
FERNANDINA BEACH, FL 32035-3000**



02102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2328582

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
9 MARSH HAWK RD.
AMELIA ISLAND, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

0600000515717

04/29/06 86210 025 50.00

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HAEALAN, JACK B JR
STREET ADDRESS	6 HARRISON CREEK RD
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	EVP
NAME	BRAY, S. NORMAN
STREET ADDRESS	63 SEA MARSH PD
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	VP
NAME	SUDDATH, LAVICK P
STREET ADDRESS	9 MARSH HAWK
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #