

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004470

FILED
Apr 02, 2009
Secretary of State

Entity Name: BRADY POINT PRESERVE LLC

Current Principal Place of Business:

1501 LEWIS STREET
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 3000
FERNANDINA BEACH, FL 320353000

New Mailing Address:

FEI Number: 56-2328582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUDDATH, LOVICK P
9 MARSH HAWK RD.
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HEALAN, JACK B JR
Address: 6 HARRISON CREEK RD
City-St-Zip: AMELIA ISLAND, FL 32034

Title: EVP () Delete
Name: BRAY, S. NORMAN
Address: 63 SEA MARSH PD
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP () Delete
Name: SUDDATH, LOVICK P
Address: 9 MARSH HAWK
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EXV (X) Change () Addition
Name: BRAY, S. NORMAN
Address: 63 SEA MARSH PD
City-St-Zip: AMELIA ISLAND, FL 32034

Title: V (X) Change () Addition
Name: SUDDATH, LOVICK P
Address: 9 MARSH HAWK
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

P

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date