


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90149 045 ***138.75

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| DOCUMENT # L03000025333 |  |
| 1. Entity Name BRADENTON ENTERPRISE LLC | |

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| Principal Place of Business 2010 MANATEE AVE EAST BRADENTON, FL 34208 | Mailing Address 1055 NORTH EAST 125TH STREET NORTH MIAMI, FL 33161 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 10800 Biscayne Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 600 |
| City & State | City & State North Miami, FL |
| Zip | Zip 33161 |
| Country | Country USA |

60010000



01142008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-0081778 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MICHAEL I. BERNSTEIN, P.A. 1688 MERIDIAN AVE STE 418 MIAMI BEACH, FL 33139 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRADENTON ENTERPRISE LLC 2010 MANATEE AVE EAST BRADENTON, FL 34208 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 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: *Annie Maresca* **Annie Maresca** **1/15/08** **305-981-8686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #