


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90130 032 \*\*\*\*50.00

<b>DOCUMENT # L03000044814</b>	
1. Entity Name RICHARD (BUBBA) BRADY, LLC	

Principal Place of Business 14720 BANKS DRIVE SOUTHPORT, FL 32409	Mailing Address 14720 BANKS DRIVE SOUTHPORT, FL 32409
-------------------------------------------------------------------------	-------------------------------------------------------------

2. Principal Place of Business 7409 BAY CREST ROAD Suite, Apt. #, etc.	3. Mailing Address 7409 BAY CREST ROAD Suite, Apt. #, etc.
------------------------------------------------------------------------------	------------------------------------------------------------------

City & State SOUTHPORT, FL	City & State SOUTHPORT, FL
Zip 32409	Zip 32409
Country FLA	Country FLA



04112004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent BRADY, RICHARD P 14720 BANKS DRIVE SOUTHPORT, FL 32409		7. Name and Address of New Registered Agent Name: RICHARD P. BRADY Street Address (P.O. Box Number is Not Acceptable): 7409 BAY CREST ROAD City: Southport FL Zip Code: 32409	
-----------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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: *Richard P. Brady*

Signature, typed or printed name of registered agent and the filer.

(NOTE: Registered Agent signature required when resigning)

DATE

**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	MEM RICHARD P. BRADY 7409 BAY CREST RD. SOUTHPORT, FL 32409 <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
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
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
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
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 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 it 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4-30-04 850.774.0292*