


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 09, 2006 8:00 am  
Secretary of State

05-09-2006 90008 029 \*\*\*\*55.00

DOCUMENT # L03000046131		
1. Entity Name BRADY HOLDINGS, LLC		

Principal Place of Business 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414 US	Mailing Address 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12514 SHORELINE DRIVE WELLINGTON
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City & State FLORIDA	City & State FLORIDA
Zip 33414	Country USA

40045224



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0444598	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SAUERBERG, ERIC M ESQ. 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410
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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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	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 BRADY, EUGENE 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414 <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: EUGENE BRADY 26/04/2006 561-7939661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #