
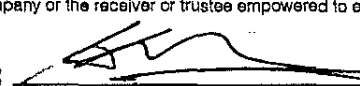


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000050974</b>		
1. Entity Name <b>BREDAL, L.L.C.</b>		
Principal Place of Business <b>3201 N.E. 183RD ST. #2801 AVENTURA, FL 33160</b>	Mailing Address <b>3201 N.E. 183RD ST. #2801 AVENTURA, FL 33160</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GROLL, SIMON A 3201 N.E. 183RD ST. #2801 AVENTURA, FL 33160</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RECHANIK GROLL, CLAUDIA L 3201 NE 183 ST #2801 AVENTURA, FL 33160	
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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 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:  <b>SIMON GROLL</b>		<b>01/12/05 305-527-8170</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>33-1078062</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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01/20/05-80022-005 50.00

**DO NOT WRITE  
IN THIS SPACE**