2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# L03000050974

Entity Name: BREDAL, L.L.C.

Current Principal Place of Business:

3201 N.E. 183RD ST. #2801
AVENTURA, FL 33160

New Principal Place of Business:

3201 N.E. 183RD ST #2801
AVENTURA, FL 33160 US

Current Mailing Address:

3201 N.E. 183RD ST. #2801
AVENTURA, FL 33160

New Mailing Address:

3201 N.E. 183RD ST #2801
AVENTURA, FL 33160 US

FEI Number: 33-1078062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROLL, SIMON A
3201 N.E. 183RD ST. #2801
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

GROLL, SIMON A
3201 N.E. 183RD ST #2801
AVENTURA, FL 33160 US

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: 01/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RECHANIK GROLL, CLAUDIA L
Address: 3201 NE 183 ST #2801
City-St-Zip: AVENTURA, FL 33160

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RECHANIK GROLL, CLAUDIA L
Address: 3201 NE 183 ST #2801
City-St-Zip: AVENTURA, FL 33160 US

Title: MGRM ( ) Change (X) Addition
Name: GROLL, SIMON A
Address: 3201 NE 183 ST #2801
City-St-Zip: AVENTURA, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SIMON GROLL MGRM 01/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date