


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90041 017 ****55.00

DOCUMENT # L04000016509		
1. Entity Name J. BRADLEY INVESTMENTS, LLC.		
Principal Place of Business 18 JEFF ROAD LARGO FL 33774		Mailing Address 18 JEFF ROAD LARGO FL 33774
2. Principal Place of Business 18 JEFF Road	3. Mailing Address 18 JEFF Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Largo, Florida	City & State Largo, Florida	
Zip 33774	Country U.S.A.	Zip 33774
Country U.S.A.		4. FEI Number 51-0513553
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent HAINES, JUSTIN 18 JEFF ROAD LARGO FL 33774		7. Name and Address of New Registered Agent Name Evelyn Anderson Street Address (P.O. Box Number is Not Acceptable) 2367 18th Ave S.W #B City Largo FL Zip Code 33774	
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 <u><i>Justin B. Haines</i></u> DATE <u>04/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAINES, JUSTIN 18 JEFF ROAD LARGO FL 33774 <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	MGRM HAINES, JOHN 18 JEFF ROAD LARGO FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Evelyn Anderson 2367 18th Ave. S.W #B Largo, FL, 33774. <input checked="" 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
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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: *Justin B. Haines / Evelyn Anderson* DATE 04/28/05 (727) 593-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE