


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90367 046 \*\*\*\*50.00

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000017415</b>                        |  |
| 1. Entity Name<br><b>BRIGHT DAYS ENTERPRISES, LLC</b> |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>6308 44TH AVE EAST<br/>BRADENTON, FL 34203</b> | Mailing Address<br><b>6308 44TH AVE EAST<br/>BRADENTON, FL 34203</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|



|                                                         |                                               |
|---------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><b>2612 3rd Ave E</b> | 3. Mailing Address<br><b>683 Appletree Dr</b> |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.                           |

04272005 Chg-LLC CR2E083 (10/03)

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| City & State<br><b>Bradenton FL</b> | City & State<br><b>Newland NC</b> |
| Zip<br><b>34208</b>                 | Zip<br><b>28657</b>               |
| Country<br><b>USA</b>               | Country<br><b>USA</b>             |

|                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-0814536</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$5.00 Additional Fee Required                         |

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>CLOSE, WILLIAM J JR<br/>6308 44TH AVE EAST<br/>BRADENTON, FL 34203</b> |  |
|------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                              |                             |
|------------------------------------------------------------------------------|-----------------------------|
| 7. Name and Address of New Registered Agent                                  |                             |
| Name<br><b>CLOSE, WILLIAM J, JR.</b>                                         |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2612 3rd Ave E.</b> |                             |
| City<br><b>Bradenton</b>                                                     | FL Zip Code<br><b>34208</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<br><i>William J. Close</i>                                                                                                                                                                                          | Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) <b>William J. Close, Jr</b> DATE <b>4/27/05</b> |

|                                                     |                                                               |
|-----------------------------------------------------|---------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to:<br/>Florida Department of State</b> |
|-----------------------------------------------------|---------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                            | 10. ADDITIONS/CHANGES                          |                                                                                                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CLOSE, WILLIAM J JR<br>6308 44TH AVE EAST<br>BRADENTON, FL 34203 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CLOSE, WILLIAM J, JR.<br>683 Appletree Drive<br>Newland, NC 28657-7501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MICKEL-CLOSE, BRENDA J<br>6308 44TH AVE EAST<br>BRADENTON, FL 34203 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MICKEL-CLOSE, BRENDA J.<br>683 Appletree Drive<br>Newland, NC 28657-7501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CLOSE, CASSIDY J.<br>2612 3rd Avenue East<br>Bradenton, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <i>Brenda J. Mickel-Close</i>                                                              | <b>BRENDA J. Mickel-Close</b> 828-             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                                                |
| Date                                                                                                  | <b>4-27-05</b> Daytime Phone # <b>737-0612</b> |