## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000022833**

Entity Name

CORTEZ INVESTMENTS OF BRADENTON, LLC



Principal Place of Business

4004 CORTEZ ROAD WEST BRADENTON, FL 34210 Mailing Address

4004 CORTEZ ROAD WEST BRADENTON, FL 34210

## FILED May 04, 2006 8:00 am Secretary of State

05-04-2006 90033 025 \*\*\*\*50.00

60036776



04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	 Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

POWELL, JAMES V 4004 CORTEZ ROAD WEST BRADENTON, FL 34210

## DO NOT WRITE IN THIS SPACE

BIVIDENTON, TE 34210		IN THIS SI	IN THIS SPACE		
	named entity submits this statement for the purpose of changons of registered agent.	ging its registered office or registered agent, or both, in the State of F	lorida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, JAMES V 4004 CORTEZ RD W BRADENTON, FL 34210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	/RITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature should be company or the receiver or trusted empowered to execute the company of the receiver or trusted empowered to execute the company of the receiver or trusted empowered to execute the company of the receiver or trusted empowered to execute the company of the company o	qualify for the exemptions contained in Chapter 119. Florida Statutes hall have the same legal effect as if made under oath; that I am a moute this report as required by Chapter 608, Florida Statutes.	. I further certify that the information anaging member or manager of the		

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE