2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

06-27-2005 90135 021 ****50.00

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06242005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000031623

1. Entity Name
BRADLEY & ASSOCIATES CONSULTING GROUP, LLC

Principal Place of Business	Mailing Address
1253 10TH STREET LAKE PARK, FL 33403	2150 NW 82 WAY SUNRISE, FL 33322

2. Principal Place of Business	3. Mailing Address
2100 45th STREET	1842 NW 94th AVE
Suite, Apt. #, etc. Unit 4-A	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State Plantation, FL
Zip 33407 Country Palm Beach	Zip 33322 Country Broward

4. FEI Number 20-3050241 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, BRUCE H
2150 NW 82ND WAY
SUNRISE, FL 33322

7. Name and Address of New Registered Agent

Name Bruce H. Bradley
Street Address (P.O. Box Number is Not Acceptable) 1842 NW 94th AVE
City Plantation FL Zip Code 33322

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 [signature] DATE 06/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRADLEY, BRUCE H 2150 NW 82ND WAY SUNRISE, FL 33322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Bradley, Bruce H 1842 N.W 94 AVE Plantation, FL 33322	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 07/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #