## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

<del></del>				
DOCUMENT:	# L040	000338	306	

1. Entity Name BRADLEY'S POND, LLC.



Principal Place of Business

401 E. VIRGINIA STREET TALLAHASSEE, FL 32301 Mailing Address

401 E. VIRGINIA STREET TALLAHASSEE, FL 32301



## DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1635860 Applied For Not Applied Sor

5. Certificate of Status Desired Source Source

6. Name and Address of Current Registered Agent

LEWIS, JOHN R 401 E. VIRGINIA STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

			,	
	named entity submits this statement for the purpose of cha tions of registered agent	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce	pt	
SIGNATURE.				
Signature, typed or printed name of registered agent and little if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	DATE	
After May	NOWIII FEE IS \$138,75 y 1, 2008 Fee will be \$538.75	·		
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	LEWIS, JOHN R			
STREET ADDRESS	401 E VIRGINIA STREET			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			
TITLE	MGRM	110000000000000000000000000000000000000		
NAME	PAGE, MICHAEL G	U00000789215 01/22/08-80017-008 138.75		
STREET ADDRESS	9736 MOCCASIN GAP ROAD	01/22/08-80017-008 138.75		
CITY-ST-ZIP	TALLAHASSEE, FL 32309			
TITLE		<del></del>		

NAME
STRET ADDRESS
CITY-ST-ZIP

TILLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /9/1///

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

•

Dayisme Phone #