

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033806

Entity Name: BRADLEY'S POND, LLC.

FILED  
Feb 13, 2009  
Secretary of State

**Current Principal Place of Business:**

401 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 20-1635860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEWIS, JOHN R  
Address: 401 E VIRGINIA STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete  
Name: PAGE, MICHAEL G  
Address: 9736 MOCCASIN GAP ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SUPER-HOLDINGS INVES, TMENTS, LLC  
Address: 401 E VIRGINIA STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL PAGE

MGMR

02/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date