


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90054 011 \*\*\*\*50.00

<b>DOCUMENT # L04000043369</b> 1. Entity Name <b>LOYSE B. BRADY, L.L.C.</b>					
Principal Place of Business 2821 GULF CITY RD. LOT 145 RUSKIN FL 33570			Mailing Address 2821 GULF CITY RD. LOT 145 RUSKIN FL 33570		
2. Principal Place of Business 1920 E 15th Ave Suite, Apt. #, etc. Lot 9			3. Mailing Address SAME Suite, Apt. #, etc.		
City & State Lutz FL			City & State FL		
Zip 33549		Country		4. FEI Number 34-1998022	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BRADY, LOYSE B 2821 GULF CITY RD. LOT 145 RUSKIN FL 33570				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 <u>Loyse B Brady</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (If Registered Agent's signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 7, 2005</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGR NAME BRADY, LOYSE B STREET ADDRESS 2821 GULF CITY RD. LOT 145 CITY-ST-ZIP RUSKIN FL 33570	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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: <u>Loyse B Brady</u> <u>8-2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					