

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90055 050 \*\*\*150.00

**DOCUMENT # L05000035405**

1. Entity Name  
M BRADY, LLC



Principal Place of Business  
2850 N. ANDREWS AVE  
FT. LAUDERDALE, FL 33311 US

Mailing Address  
2850 N. ANDREWS AVE  
FT. LAUDERDALE, FL 33311 US

40058513



2. Principal Place of Business  
11011 Northwest 28th St  
Suite, Apt. #, etc.

3. Mailing Address  
11011 Northwest 28th St  
Suite, Apt. #, etc.

04082006 Chg-LLC CR2E083 (11/05)

City & State  
Coral Springs, FL

City & State  
Coral Springs, FL

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country  
33065-3506

Zip Country  
33065-3506

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

**6. Name and Address of Current Registered Agent**

BRADY, MAUREEN O  
2850 N. ANDREWS AVE  
FT. LAUDERDALE, FL 33311

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
11011 Northwest 28th Street  
City  
Coral Springs FL Zip Code  
33065

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM ☐ Delete  
NAME BRADY, MAUREEN O  
STREET ADDRESS 2850 N. ANDREWS AVE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE MGR ☒ Delete  
NAME SARDUY, JOSEPH E  
STREET ADDRESS 2850 N. ANDREWS AVE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE MGR ☒ Delete  
NAME WARDELL, PHILLIP M  
STREET ADDRESS 2850 N. ANDREWS AVE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 11011 Northwest 28th Street  
CITY-ST-ZIP Coral Springs, FL 33065-3506

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Maureen O. Brady x 4-19-06 954-345-6013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #