

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90068 018 ***138.75

DOCUMENT # L05000110745

1. Entity Name
BRADY JOHNSON COMMERCE CENTER, LLC



Principal Place of Business
**400 CYPRESS DR
SUITE 24
TEQUESTA, FL 33469**

Mailing Address
**400 CYPRESS DR
SUITE 24
TEQUESTA, FL 33469**

60003504



2. Principal Place of Business - No P.O. Box #
400 N CYPRESS DR

3. Mailing Address
400 N CYPRESS DR

Suite, Apt. #, etc.
SUITE 24

Suite, Apt. #, etc.
SUITE 24

01222008 Chg-LLC CR2E083 (12/06)

City & State
TEQUESTA, FL

City & State
TEQUESTA, FL

4. FEI Number
27-0134271

Applied For
Not Applicable

Zip
33469

Country
US

Zip
33469

Country
US

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

6. Name and Address of Current Registered Agent

**BRADY, DONALD L
400 CYPRESS DR
SUITE 24
TEQUESTA, FL 33469**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRADY, DONALD L
400 CYPRESS DR SUITE 24
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHNSON, ROBERT C
2041 S.E. OCEAN BLVD
STUART, FL 34996** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRADY, DONALD L
400 N CYPRESS DR SUITE 24
TEQUESTA, FL 33469** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: Robert C. Johnson

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

1-22-08 (772) 287-3366

Date

Daytime Phone #