


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90030 036 \*\*\*\*50.00

<b>DOCUMENT # L05000111855</b>	
1. Entity Name BRADCO PROPERTIES, LLC	

Principal Place of Business 8825 PERIMETER PARK BOULEVARD SUITE #403 JACKSONVILLE, FL 32216 US	Mailing Address 8825 PERIMETER PARK BOULEVARD SUITE #403 JACKSONVILLE, FL 32216 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

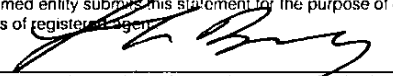


01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3797875	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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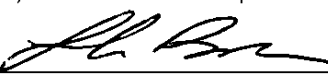
6. Name and Address of Current Registered Agent BRADLEY, LEE A SR. 912 SOUTH FOREST CREEK DRIVE ST. AUGUSTINE, FL 32092	7. Name and Address of New Registered Agent Name Lee A. Bradley Sr. Street Address (P.O. Box Number is Not Applicable) 8825 Perimeter Park Blvd #403 City Jacksonville FL Zip Code 32216
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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.	Manager 1/26/07 (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADLEY, LEE A SR. 912 SOUTH FOREST CREEK DRIVE ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee A Bradley Sr 8825 Perimeter Park Blvd #403 Jacksonville, Florida 32216 <input checked="" 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
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Manager 1/26/07 (904)642-1494 Date Daytime Phone #
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