

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029160

FILED
Aug 06, 2007
Secretary of State

Entity Name: R & D BRADLEY VENTURES, LLC

Current Principal Place of Business:

5389 WINROSE FALLS DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

5389 WINROSE FALLS DRIVE
JACKSONVILLE, FL 32258 US

Current Mailing Address:

5389 WINROSE FALLS DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

5389 WINROSE FALLS DRIVE
JACKSONVILLE, FL 32258 US

FEI Number: 20-4348030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRADLEY, RONALD SCOTT
5389 WINROSE FALLS DRIVE
JACKSONVILLE, FL 32258 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: BRADLEY, RONALD SCOTT
Address: 5389 WINROSE FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM () Change (X) Addition
Name: BRADLEY, DIANN LYNN
Address: 5389 WINROSE FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

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: RONALD S. BRADLEY

CEO

08/06/2007

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