


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90190 017 ****50.00

DOCUMENT # L06000058595	
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1. Entity Name
722 BRADLEY LLC

Principal Place of Business
1365 CHURCHILL ROAD
WEST PALM BEACH, FL 33406

Mailing Address
1365 CHURCHILL ROAD
WEST PALM BEACH, FL 33406

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5037212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALPERIN, ELEANOR B
1601 FORUM PLACE, SUITE 300
WEST PALM BEACH, FL 33406

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HALPERIN, ELEANOR B	
STREET ADDRESS	14444 HALTER ROAD	
CITY-ST-ZIP	WELLINGTON, FL 33414	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAEID SHAVERDI	
STREET ADDRESS	1365 CHURCHILL ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	

TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERA J. SHAVERDI	
STREET ADDRESS	1365 CHURCHILL ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	

TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY L. KORNFELD	
STREET ADDRESS	14444 HALTER ROAD	
CITY-ST-ZIP	WELLINGTON, FL 33414	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone: #

Saeid Shaverdi, Manager

2/12/07 561-681-6500