## 2007 LIMITED LIABILITY COMPANY

## Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000067050** 04-27-2007 90021 012 \*\*\*\*50.00 1. Entity Name BRADFORD CONDO DEVELOPERS, LLC Principal Place of Business Mailing Address 508 CAPITAL CIRCLE, S.E. 508 CAPITAL CIRCLE, S.E. TAMPA FL 32301 TAMPA, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For Tallahassee Tallahassee 06-1786681 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIST, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308 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 10 ADDITIONS/CHANGES TITLE MGR TITLE □ Delete A Change ☐ Addition TURNER, FREDRICK E NAME NAME STREET ADDRESS 508 CAPITAL CIRCLE, S.E. STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 32301** CITY-ST-ZIP Tallahassee TITLE ☐ Delete MGR TITLE Change Addition Turner, Douglas E. 508-A. Capital Circle Sc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TTTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplies with this titing does not quarify 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 of the power of the execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**