


FILED
Apr 27, 2007 8:00 am
Secretary of State

DOCUMENT # L06000067050			
1. Entity Name BRADFORD CONDO DEVELOPERS, LLC			
Principal Place of Business 508 CAPITAL CIRCLE, S.E. TAMPA, FL 32301		Mailing Address 508 CAPITAL CIRCLE, S.E. TAMPA, FL 32301	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tallahassee</u>		City & State <u>Tallahassee</u>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, FREDRICK E 508 CAPITAL CIRCLE, S.E. TAMPA, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tal MGR Tur 508 Tal
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if I am a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			