

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059522

**FILED**  
**Jan 23, 2008**  
**Secretary of State**

**Entity Name:** BRADEN JAMES VENTURES, LLC

**Current Principal Place of Business:**

9393 MIDNIGHT PASS ROAD, SUITE 906  
SARASOTA, FL 34242

**New Principal Place of Business:**

9393 MIDNIGHT PASS ROAD  
SUITE 906  
SARASOTA, FL 34242

**Current Mailing Address:**

P.O. BOX 523  
ERIN, ONTARIO NOB 1T0  
CANADA, XX

**New Mailing Address:**

9393 MIDNIGHT PASS ROAD,  
SUITE 906  
SARASOTA, FL 34242

**FEI Number:** 51-0639620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVE.  
SUITE 1000 (B1W)  
ORLANDO, FL 328013373 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:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: CAMPBELL, JOSH  
Address: 9393 MIDNIGHT PASS RD. SUITE 906  
City-St-Zip: SARASOTA, FL 34242 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:** JOSH CAMPBELL

MR.

01/23/2008

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