2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# L07000061725

Entity Name: BRAD PROPERTIES SOUTH, LLC

Current Principal Place of Business:

26026 TELEGRAPH RD, STE 100
SOUTHFIELD, MI 48034

New Principal Place of Business:

26026 TELEGRAPH RD, STE 100
SOUTHFIELD, MI 48033

Current Mailing Address:

P.O. BOX 5069
SOUTHFIELD, MI 480865069

New Mailing Address:

FEI Number: 26-0346944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM ( ) Delete
Name: FARRIS, ROBERT J TRUSTEE
Address: 26026 TELEGRAPH RD, STE 100
City-St-Zip: SOUTHFIELD, MI 48034

Title: MGRM ( ) Delete
Name: VANNELLI, STEFANO A TRUSTEE
Address: 26026 TELEGRAPH RD, STE 100
City-St-Zip: SOUTHFIELD, MI 48034

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FARRIS, ROBERT J TRUSTEE
Address: 26026 TELEGRAPH RD, STE 100
City-St-Zip: SOUTHFIELD, MI 48033

Title: MGRM (X) Change ( ) Addition
Name: VANNELLI, STEFANO A TRUSTEE
Address: 26026 TELEGRAPH RD, STE 100
City-St-Zip: SOUTHFIELD, MI 48033

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: ROBERT J FARRIS MGRM 03/29/2009

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