2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2004 8:00 am Secretary of State

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DOCUMENT # L9900000774 1. Entity Name LEF/BRADENTON, L.L.C.					03-01-2004 90315 003 ****55.00				
Principal Place	e of Business	Mailing Address					•	*****	
ONE GREENW	VAY PLAZE	ONE GREENWAY PLAZE							
SUITE 850 Houston, T)	V 77046	SUITE 850 Houston, TX 77046							
NOUSTON, 17	x //U40	100310N, 1A 11040				11/13 EAL 31 15 16		R IBAH MAN BA	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152004	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State	City & State		4. FEI Number Applied For 65-0893725 Not Applicable				
Zip	Country	Zip Cour		v				\$5.00 Add	t Applicable
	,			,	5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
CLIADIDO	PORERTI		}	Name					
2627 IVES	ROBERT L DAIRY ROAD SUITE 118 A, FL 33180			Street Address (Address (P.O. Box Number is Not Acceptable)				
, , , , , , , , , , , , , , , , , , , ,	51,12 55155								
				City			FL	Zip Code	9
	named entity submits this statement for	or the purpose of changing its	registered	office or register	red agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept
life opligati	ions of registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered A	Agent signature required	when reinstating)		DATE		
Fi Di	Signature, typed or printed name of registered agent illing Fee is \$50.00 ue by May 1, 2004	and title if applicable. (NOTs	E: Registered A	Agent signature required	(when reinstating)		e check p	ayable to ent of State	e
Di	iling Fee is \$50.00 ue by May 1, 2004			Agent signature required	when reinstating)	Florida	e check pa Departmo	-	e
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

LEF/Bradenton, LLC, Sandra Ray, Vice President

CITY-ST-ZIP

SIGNATURE: Sandy Par	2/23/04	713-850-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

CITY-ST-ZIP