

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003217

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: BRADFIELD ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

5037 S.W. SAINT CREEK DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

5037 S.W. SAINT CREEK DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-2609461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRADFIELD, JAMES E  
5037 S.W. SAINT CREEK DRIVE  
PALM CITY, FL 34990 US

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

BRADFIELD, JUDITH W  
5037 S.W. SAINT CREEK DRIVE  
PALM CITY, FL 34990 US

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: JUDITH W BRADFIELD

03/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRADFIELD, JAMES E  
Address: 5037 S.W. SAINT CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: BRADFIELD, JUDITH W  
Address: 5037 S.W. SAINT CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUDITH W BRADFIELD

MGRM

03/26/2008

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