2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000412

Entity Name: BRAMA ISLAND, LLC

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5500 STANLEY STEEMER PKWY 5500 STANLEY STEEMER PKWY DUBLIN, OH 43016

DUBLIN, OH 43016

Current Mailing Address: New Mailing Address:

5500 STANLEY STEEMER PKWY 5500 STANLEY STEEMER PKWY

DUBLIN, OH 43016 DUBLIN, OH 43016 US

FEI Number: 26-0657848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

BATES, JUSTIN M BATES, JUSTIN M Name: Name:

Address: 5500 STANLEY STEEMER PKWY Address: 5500 STANLEY STEEMER PKWY DUBLIN OH 43016

City-St-Zip: DUBLIN, OH 43016 City-St-Zip: DUBLIN, OH 43016 US

Title: () Delete Title: (X) Change () Addition

Name: BATES, JUSTIN M Name: BATES, JUSTIN M

Address: 5500 STANLEY STEEMER PKWY Address: 5500 STANLEY STEEMER PKWY DUBLIN OH 43016

City-St-Zip: DUBLIN, OH 43016 City-St-Zip: DUBLIN, OH 43016 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: JUSTIN M. BATES 04/20/2009