

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011069

Entity Name: BRUCEVIV L.L.C.

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

400 SOUTH POINTE DRIVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

400 SOUTH POINTE DRIVE  
1805  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

400 SOUTH POINTE DRIVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

400 SOUTH POINTE DRIVE  
1805 BRUCE ALTMAN  
MIAMI BEACH, FL 33139

FEI Number: 03-0445370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, HECTOR III ESQ  
3211 PONCE DE LEON BLVD., STE. 210  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: ALTMAN, BRUCE  
Address: 400 SOUTH POINTE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE ALTMAN

MGR

01/18/2006

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