2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011575

1. Entity Name
BRUCE ENTERPRISES, LLC

Principal Place of Business	Mailing Address
5975 SUNSET DRIVE 701 MIAMI, FL 33143	5975 SUNSET DRIVE 701 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

04122005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-3666731	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE, THOMAS P
5975 SUNSET DRIVE STE 701
MIAMI, FL 33143

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BRUCE, RUTH E
STREET ADDRESS	5975 SUNSET DRIVE, STE 701
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGRM
NAME	BRUCE, THOMAS P
STREET ADDRESS	5975 SUNSET DRIVE, STE 701
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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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.

SIGNATURE: _Thomas P Bruce_   4/13/05   3056658030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #