

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 24, 2003 8:00 am
Secretary of State

09-24-2003 90047 035 ****50.00

DOCUMENT # L02000011575

1. Entity Name

BRUCE ENTERPRISES, LLC



Principal Place of Business

Mailing Address

10445 S.W. 122ND ST.
MIAMI FL 33176

10445 S.W. 122ND ST.
MIAMI FL 33176

2. Principal Place of Business

5975 SUNSET DRIVE

3. Mailing Address

5975 SUNSET DRIVE

Suite, Apt. #, etc.

701

Suite, Apt. #, etc.

701

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33143

Zip

Country

33143

4. FEI Number

04-3666731

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUCE, THOMAS P
10445 S.W. 122ND ST.
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

5975 SUNSET DRIVE, STE 701

City

MIAMI

FL

Zip Code

33143

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME MGRM
STREET ADDRESS RUTH E BRUCE
CITY-ST-ZIP 5975 SUNSET DRIVE, STE 701
MIAMI, FL 33143

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME MGRM
STREET ADDRESS THOMAS P. BRUCE
CITY-ST-ZIP 5975 SUNSET DRIVE, STE 701
MIAMI, FL 33143

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

Signature of Thomas P. Bruce

9/19/03 3056658030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)