

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-04-2005 90021 042 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000028515			
1. Entity Name 727 BRUCE, LLC			
Principal Place of Business 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634		Mailing Address 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Joseph J. Hirschfeld 7105 Pel. Is. Dr Tampa FL 33634		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Marilyn C. Hirschfeld 7105 Pelican Is Dr Tampa FL 33634		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
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: 		Date: 2/28/05 833-889-7196	