

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000026110**

**1. Entity Name**  
**BRISCE, LLC**



**Principal Place of Business**  
**5254 RIVERMILL LANE**  
**LAKE WORTH, FL 33463**

**Mailing Address**  
**5254 RIVERMILL LANE**  
**LAKE WORTH, FL 33463**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**56-2378865**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**DO NOT WRITE  
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 re-registering)

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

000000380581  
01/11/06-80018-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** BRICE, MICHAEL  
**STREET ADDRESS** 5254 RIVERMILL LANE  
**CITY-ST-ZIP** LAKE WORTH, FL 33463

**TITLE** MGR  
**NAME** SEYMOUR, MERRICK  
**STREET ADDRESS** 5254 RIVERMILL LANE  
**CITY-ST-ZIP** LAKE WORTH, FL 33463

**TITLE** S  
**NAME** BRICE, MICHAEL  
**STREET ADDRESS** 5254 RIVERMILL LANE  
**CITY-ST-ZIP** LAKE WORTH, FL 33463

**TITLE** T  
**NAME** SEYMOUR, MERRICK  
**STREET ADDRESS** 5254 RIVERMILL LANE  
**CITY-ST-ZIP** LAKE WORTH, FL 33463

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Michael Brice* (MICHAEL BRICE)

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

*1/6/06*

Date

*754-2645251*  
*561-4333355*

Daytime Phone #