

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000046237

**FILED**  
**Apr 09, 2004**  
**Secretary of State**

**Entity Name:** BRACE TRACTOR SERVICE, L.L.C.

**Current Principal Place of Business:**

2500 ALICIA ACRES LANE  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

2500 ALICIA ACRES LANE  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 52-2419619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAVIE MICHELE PERRY  
2500 ALICIA ACRES LANE  
ST. AUGUSTINE, FL 32092

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

PERRY, TAVIE M  
2500 ALICIA ACRES LANE  
ST. AUGUSTINE, FL 32092

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: T. MICHELE PERRY

04/09/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BRACE, DOUGLAS L  
Address: 2500 ALICIA ACRES LANE  
City-St-Zip: ST. AUGUSTINE, FL 32092

**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 Section 119.07(3)(i), 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: DOUGLAS L. BRACE

MGRM

04/09/2004

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