


FILED
Apr 18, 2005 8:00 am
Secretary of State

03-21-2005 90796 046 ****55.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000050591

1. Entity Name
 MARK A. BRACEFIELD, LLC



Principal Place of Business Mailing Address
 10506 RIVERSIDE RD. 10506 RIVERSIDE RD.
 SOUTH GULF COVE, FL 33981 US SOUTH GULF COVE, FL 33981 US


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

30003570



03082005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

C. MICHAEL FISCHER, PA
 2800 PLACIDA RD.
 SUITE 112
 ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent

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	MGR BRACEFIELD, MARK A 10506 RIVERSIDE RD. SOUTH GULF COVE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MA Bracefield MARK A. Bracefield 3-16-05 (941) 457-0488

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