2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DECUMENT # L04000052564

1. Entity Name

BRUCEE'S RESTARAUNTS L.L.C.



FILED Jan 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3427 FERIWINKLE

3427 FERIWINKLE

PORT SAINT LUCIE, FL 34952

PORT SAINT LUCIE, FL 34952



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, BRUCE 3427 FERIWINKLE PORT ST LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	iging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, BRUCE 3427 FERIWINKLE PORT SAINT LUCIE, FL 34952		en e
TITLE NAME STREET ADDRESS GITY-ST-ZIP			01/26/06-80019-011 S0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			en e
TITLE NAME STREET ADDRESS CITY-ST-7IP		` .	

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 regeiver or trustee empowered to the cute this report as equired by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-2006

Daytime Phone #