


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 25, 2008 08:00 AM  
Secretary of State**

|                                       |                                                                                   |
|---------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000077129</b>        |  |
| 1. Entity Name<br><b>BRACRES, LLC</b> |                                                                                   |

|                                                                              |                                                              |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br><b>1 BRACRES LANE<br/>FROSTPROOF FL 33843</b> | Mailing Address<br><b>PO BOX 278<br/>FROSTPROOF FL 33843</b> |
|------------------------------------------------------------------------------|--------------------------------------------------------------|



|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |

1st MOORE CR2E083 (10/07)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3785966</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|                                                                        |                                                    |
|------------------------------------------------------------------------|----------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                 | <b>7. Name and Address of New Registered Agent</b> |
| <b>GRIFFIN, BEN HILL IV<br/>1 BRACRES LANE<br/>FROSTPROOF FL 33843</b> | Name                                               |
|                                                                        | Street Address (P.O. Box Number is Not Acceptable) |
|                                                                        | City                                               |
|                                                                        | State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                            | 10. ADDITIONS/CHANGES                          |                                                                                                                     |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>GRIFFIN, BEN HILL IV<br/>PO BOX 278<br/>FROSTPROOF FL 33843</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>U00000838109<br/>03/04/08-80003-009 138.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:** *Ben Hill Griffin IV* **2-16-08** **863-528-1252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #