2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT #L05000042641



FILED Apr 18, 2006 8:00 am Secretary of State

Principal Place of Business 11731 MW 23RO STREET PEMBROKE PINES, PL 33026 2. Principal Place of Business Sulfe, Apr. 8, etc. 3. Mailing Address 11731 MW 23RO STREET PEMBROKE PINES, PL 33026 2. Principal Place of Business Sulfe, Apr. 8, etc. 4. FEI Number 20 Country 5. Country 6. Name and Address of Current Registered Agent Name 7. Name and Address of Name Registered Agent Name 6. Name Address of Name Registered Agent Name 7. Name and Address of Name Registered Agent Name 6. Name Address of Name Registered Agent Name 7. Name and Address of Name Registered Agent Name 6. Name Address of Name Registered Agent Name 7. Name and Address of Name Registered Agent Name 8. Name Address of Name Registered	1. Entity Name BRUCE & GLENN, LLC						04-18-2006 90009 049 ****50.00				
Suite. Apr. 8, etc. Static Apr. 8, etc. Static Static Static Apr. 18 Applied For Not Applicable Applied For Not Applicable	11731 NW 23RD STREET 11731 NW 23RD STREET										
City & State A FEI Number SPECIAL State Desired A FEI Number SCREEN Address of Current Registered Agent Name A Name and Address of New Registered Agent Name Registered Agent Name City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City City City Cit	2. Principal Pl	ace of Business	3. Mailing Address								
Zip Country Zip Country S. Cerrificate of Status Desired Desi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142006	Chg-LLC	CR2E083	(11/05)			
S. Certificate of Statis General Fee Regulated 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Streek Address (P.O. Box Number is Not Acceptable) Streek Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fkorida. I am familiar with, and accept the obligations of registered agent, or both, in th	City & State	3	City & State								
Addition Control Con	Zip	Zip Country . Z		Country				LJ Ě6	e Required		
GOODE, LOWELL M 6330 SW 41 COURT DAVIE, FL 33314 City FL ZP Code 6. 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. City		6. Name and Address of Current F	legistered Agent	No.							
City FL Zp 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 deligations of registered agent. SIGNATURE SIGNATURE Pilling Fice is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State Make C	6330 SW 41 COURT										
2. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FUIng Fee is \$50.00 Bus by May 1, 2008 THE MAR VAROCK, BRUCE SITEL ADDRESS CITY-ST-2P THE MGR CITY-ST-2P T	DAVIE, FL	,									
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Filing Foe is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State TITLE MGR											
Due by May 1, 2008 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition	SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE										
MIGR	Filing Fee is \$50.00 Due by May 1, 2006					•				,	
NAME STREET ADDRESS OTY-ST-ZP TITLE NAME STREET ADDRESS OTY-ST-ZP	9.	MANAGING MEMBER	RS/MANAGERS	MANAGERS 10.			ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	MGR YAROCK, BRUCE 11731 NW 23ND STREET		NAME Street add					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	MGR ROMANO, GLENN 1731 N 47TH AVE	☐ Delete	NAME STREET ADO				-	Change	☐ Addition	
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1. 45. Thereby corting the information supplied with this tiling does not qualify for the exemptions contained in Changer 119. Honda Statutes. Littliner Centry that the information	NAME STREET ADDRESS CITY-ST-ZIP			STREET AD	IP	in Charles 440	Charida Ctatutas				

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR P

4-15-06

954-4301616