2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000054538 1. Entity Name BRUCE GRANT, L.L.C.									0	2-10-200	06 90171	006 ****	50.00	
Principal Place 5120 THOM MICCO, FL 3	PSON RD.	s	5120	Mailing Address 5120 THOMPSON RD. MICCO, FL 32976				1 (83)(8)	I 54 24 81	ālisi āpik pale	SS164 SS481 S4171			
2. Principal P	Place of Busin	3. Maili	3. Mailing Address 8365 Hickory CT											
Suite, Apt.	#, etc.	Suite	8365 HICKORYCT Suite, Apt. #, etc. Micco, FL				0208200	6 C	hg-LLC	CR2	E083 (11/05)			
City & State 32976 USA			,	City & State 32976 U				4. FEI Nur	nber 3/9	7733	3		oplied For ot Applicable	
Zip		Country	Zip				5. Certificate of Status Desired S5.00 A				\$5.00 Add	ditional		
	6. Name	and Address of Curr	ent Registered	legistered Agent			7. Name and Address of New Registered Agent							
GRANT, B 5120 THO MICCO, FI	MPSON R					Name Street Address (P.O. Box Number is Not Acceptable)								
	·					City					F	Zip Cod	e	
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.	Signature, typed	or printed name of registered a	gent and title if appli	BIZV CE (NOTE		d Agent signat	ure required	when reinstating)		Z	2-8-	06		
Filing Fee is \$50.00 Due by May 1, 2006												payable to ment of State	e	
9.		MANAGING MEN	MBERS/MANA	GERS	10.					ADDITION	S/CHANGE	S ,	_	
TITLE NAME	MGRM GRANT, E	PRICE		☐ Delete	TITLE		MGI	EM	20.10			Change	☐ Addition	
STREET ADDRESS		OMPSON RD.		NAMI STREI			GRANT, BRUCE S 8365 HICKORY CT MICCO, FL 32976					I		
CITY-ST-ZIP	MICCO, F	L 32976			CITY-	-ST-ZIP	mi	cco,	FL	329	76			
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indicated	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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.													
SIGNATURE: BRUCE GRAST 2-8-06 772-321-7740 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Dayling Prograf														