

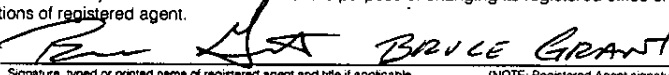



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-10-2006 90171 006 ****50.00

DOCUMENT # L05000054538					
1. Entity Name BRUCE GRANT, L.L.C.					
Principal Place of Business 5120 THOMPSON RD. MICCO, FL 32976			Mailing Address 5120 THOMPSON RD. MICCO, FL 32976		
2. Principal Place of Business 8365 HICKORY CT Suite, Apt. #, etc. MICCO, FL		3. Mailing Address 8365 HICKORY CT Suite, Apt. #, etc. MICCO, FL			
City & State 32976 USA		City & State 32976 USA		02082006 Chg-LLC CR2E083 (11/05)	
Zip 32976		Zip 32976		4. FEI Number 75-3191733	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, BRUCE 5120 THOMPSON RD. MICCO, FL 32976			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  BRUCE GRANT 2-8-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, BRUCE 5120 THOMPSON RD. MICCO, FL 32976	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, BRUCE 8365 HICKORY CT MICCO, FL 32976
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 GRANT 2-8-06 772-321-7740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					