

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060558

FILED
Apr 18, 2006
Secretary of State

Entity Name: BRICE CAPITAL, LLC

Current Principal Place of Business:

105 SOUTH WHEELER
SUITE 275
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

105 SOUTH WHEELER
SUITE 275
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 20-3020287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSBORNE, JOHNIE
105 SOUTH WHEELER
SUITE 275
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OSBORNE, JOHNIE W
Address: 105 SOUTH WHEELER
City-St-Zip: PLANT CITY, FL 33563

Title: MGR () Delete
Name: BENSON, JERI L
Address: 105 SOUTH WHEELER
City-St-Zip: PLANT CITY, FL 33563

Title: MGR () Delete
Name: WETHERELL, WILLIAM M
Address: 105 SOUTH WHEELER
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHNIE W OSBORNE

MGR

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date