2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L05000060558

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 ( )**

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	(X) Delete
Name:	BENSON, JERI L	
Address:	105 SOUTH WHEELER	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	MGR	(X) 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 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 OSBORNE MGR 03/06/2009

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