

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90251 044 \*\*\*\*50.00

<b>DOCUMENT # L05000120238</b>	
1. Entity Name <b>BRUCE'S SOUTHERN PROPERTIES, LLC</b>	

Principal Place of Business <b>313 MAGNOLIA STREET PORT ORANGE, FL 32129</b>	Mailing Address <b>313 MAGNOLIA STREET PORT ORANGE, FL 32129</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04052007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-3958103</b> APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>SNELL LEGAL 700 W. GRANADA BOULEVARD, SUITE 107 ORMOND BEACH, FL 32174</b>	

7. Name and Address of New Registered Agent	
Name <b>Kate E. DEIBERT</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>313 MAGNOLIA STREET</b>	
City <b>PORT ORANGE</b>	FL <b>32129</b>

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 <b>Kate E Deibert</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Kate E Deibert</b> <b>APR 15, 07</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DEIBERT, BRUCE E 313 MAGNOLIA STREET PORT ORANGE, FL 32129</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
<b>SIGNATURE:</b> <b>Bruce Deibert</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4-5-07</b> <b>386 233 1004</b> <small>Date Daytime Phone #</small>