2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2007 8:00 am Secretary of State

DOCUMENT # L05000122062 1. Entity Name LEDABRUCE, LLC					01-24-2007	90097 001 ****5	0.00
Principal Place of Business		Mailing Address			6000567	71	
29111 WATSON BLVD. Big pine key, fl. 33043		29111 WATSON BLVD.			900000	•	
DIO FINE KE	1, FL 33043	BIG PINE KEY, FL 330	J43				
2. Principal P	face of Business - No P.O. Box#	3. Mailing Address					
		3. Walling Address			18 11 12 14 14 14 14	8 	11.0 1 %
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb		29191511	pplied For
Zip	Country	Zip	Country		of Status Desired	□ \$5.00 Ad	ditional
	6. Name and Address of Current	Registered Agent			Address of New F	Fee Require	ed
		Augistered Agent	Name	7. Haine and	Addiess of Hem I	registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.		Street Address		(P.O. Box Number is Not Acceptable)			
4TH FLOOR MIAMI, FL 33145							
,			City	····		E I Zip Coo	le .
8. The above	named entity submits this statement for	r the purpose of changing its	'	tored agent, or be	th in the State of G	FL	
the obligati	ions of registered agent.	in the purpose of changing it.	a registered office of regis	iereo agent, or oc	un, in the State Of Fr	onga. Tam familiar with	, апи ассері
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO)	1E: Registered Agent signature requ			DATE	
		(10	TE. Preglatered regent alignature requ	red when remaining)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		i				ke check payable to a Department of Stat	e
9 "							
9. "	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	MGR	RS/MANAGERS . Delete	TITLE		ADDITIONS	/CHANGES	Addition
TITLE NAME	MGR SEIGAL, BRUCE		TITLE NAME		ADDITIONS		☐ Addition
TITLE	MGR		TITLE		ADDITIONS		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR SEIGAL, BRUCE 29111 WATSON BLVD. BIG PINE KEY, FL 33043 ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS		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 use 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFIC MANAGER OF AUTHORIZED REPRESEN

12/09 305-872-3450