

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079377

FILED
Jul 29, 2007
Secretary of State

Entity Name: BRACE CONSTRUCTION LLC

Current Principal Place of Business:

4279 NW 4TH CIRCLE
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

4279 NW 4TH CIRCLE
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 20-5365224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SVERCEK, JOHN
13405 NE 49TH TERRACE
ANTHONY, FL 32617 US

Name and Address of New Registered Agent:

SVERCEK, JOHN
4279 NW 4TH CIRCLE
OCALA, FL 34475 US

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: JOHN SVERCEK

07/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SVERCEK, JOHN
Address: 13405 NE 49TH TERRACE
City-St-Zip: ANTHONY, FL 32617 US

Title: MGRM () Delete
Name: SVERCEK, MELANIE
Address: 13405 NE 49TH TERRACE
City-St-Zip: ANTHONY, FL 32617 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SVERCEK, JOHN
Address: 4279 NW 4TH CIRCLE
City-St-Zip: OCALA, FL 34475 US

Title: MGRM (X) Change () Addition
Name: SVERCEK, MELANIE
Address: 4279 NW 4TH CIRCLE
City-St-Zip: OCALA, FL 34475 US

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: JOHN SVERCEK

MGRM

07/29/2007

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