

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082780

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BRICE REAL ESTATE HOLDINGS, LLC

**Current Principal Place of Business:**

245 NW 11TH ST.  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

1806 MAGLIANO DR.  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: 74-3188394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHAEFFER, TRACY  
1806 MAGLIANO DR.  
BOYNTON BEACH, FL 33436 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: MGRM ( ) Delete  
Name: SCHAEFFER, TRACY  
Address: 1806 MAGLIANO DR.  
City-St-Zip: BOYNTON BEACH, FL 33060

Title: MGRM ( ) Delete  
Name: SCHAEFFER, SHARLA  
Address: 1806 MAGLIANO DR.  
City-St-Zip: BOYNTON BEACH, FL 33060

Title: MGRM ( ) Delete  
Name: SCHAEFFER, CAROLYN G  
Address: 126 LENNOX DR.  
City-St-Zip: AUGUSTA, GA 30907

**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: TRACY SCHAEFFER

MGR

04/27/2009

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