

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004725

**FILED**  
**Sep 21, 2010**  
**Secretary of State**

**Entity Name:** BRUCE HENRY PROPERTIES FLORIDA, LLC

**Current Principal Place of Business:**

4175 WEST NEW HAVEN AVENUE, SUITE 8  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

4175 WEST NEW HAVEN AVENUE, SUITE 8  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

PO BOX 499  
SENECA FALLS, NY 13148

**FEI Number:** 30-0591228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BONAFIGLIA, ANDREA  
4175 WEST NEW HAVEN AVENUE, SUITE 8  
WEST MELBOURNE, FL 32904 US

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

BONAFIGLIA, BRUCE H  
4175 WEST NEW HAVEN AVENUE, SUITE 8  
WEST MELBOURNE, FL 32904 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: BRUCE H. BONAFIGLIA

09/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BONAFIGLIA, BRUCE H  
Address: 4175 WEST NEW HAVEN AVENUE, SUITE 8  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby 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: BRUCE H. BONAFIGLIA

MEM

09/21/2010

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