

~~* Amended *~~
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000018680

1. Entity Name

Bert Construction, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 DEC 30 AM 9:29

Handwritten: 12/27/03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 512 Lake Como Circle

3. Mailing Address
 512 Lake Como Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number 80-0024723

Applied For
 Not Applicable

Zip
 32803

Country
 USA

Zip
 32803

Country
 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Adam J. Bert

Street Address (P.O. Box Number is Not Acceptable)

512 Lake Como Circle

City Orlando

FL

Zip Code 32803

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.

SIGNATURE

Handwritten Signature

12.27.02

DATE

Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00
 Make Check Payable to Department of State
 DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
 NAME Adam J. Bert
 STREET ADDRESS 512 Lake Como Circle, Orlando, FL 32803
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Handwritten Signature

12.27.02

407.407.1539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)