

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# L04000044806

Entity Name: BERGER, TOOMBS, ELAM, GAINES & FRANK CERTIFIED PUBLIC ACCOUNTANTS, PL

Current Principal Place of Business:

600 CITRUS AVE.
SUITE 200
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

600 CITRUS AVE.
SUITE 200
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-1277979 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BERGER, TOOMBS, ELAM & FRANK CPA'S
600 CITRUS AVENUE
SUITE 200
FORT PIERCE, FL 34950 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: BERGER, TOOMBS, ELAM, & FRANK CPA'S CHARTER
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: J.W. GAINES & ASSOCI, ATES CHARTERED
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

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: NORMAN TOOMBS

MGR

02/11/2009

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