2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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1. Entity Name
BERNEY, BOGDANOFF & DUBOFF CPAS, PL

Principal Place of Business
9700 SOUTH DIXIE HIGHWAY
SUITE 500
MIAMI, FL 33156

Mailing Address
9700 SOUTH DIXIE HIGHWAY
SUITE 500
MIAMI, FL 33156

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-2065422 Applied For / Not Applicable

5. Certificate of Status Desired $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BERNEY, ROBERT
9700 SOUTH DIXIE HIGHWAY
SUITE 500
MIAMI, FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
	Managing Member Robert J Berney - President 9700 S. Dixie Hwy #500 Miami FL 33156
	Managing Member Richard Bogdanoff - Vice Pres. 2790 N. Federal Hwy #400 Boca Raton FL 33431
	Member Jay DuBoff - S/T 9700 S. Dixie Hwy #500 Miami FL 33156

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert Berney Managing Member 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #