


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000093475**  
 1. Entity Name  
**BERNEY, BOGDANOFF & DUBOFF CPAS, PL**



Principal Place of Business <b>9700 SOUTH DIXIE HIGHWAY          SUITE 500          MIAMI, FL 33156</b>	Mailing Address <b>9700 SOUTH DIXIE HIGHWAY          SUITE 500          MIAMI, FL 33156</b>
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01062007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2065422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GP BERNEY, ROBERT 9700 SOUTH DIXIE HIGHWAY #500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GST DUBOFF, JAY 9700 SOUTH DIXIE HIGHWAY #500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GV BOGDANOFF, RICHARD 2790 NORTH FEDERAL HIGHWAY #400 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/12/07-80002-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

**SIGNATURE:** Robert Berney **1/8/07** **305-670-3003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #