

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 SEP 30 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000479

1. Entity Name
BERKSHIRE #2120 LLC



Principal Place of Business
**C/O DIANE L. JOHNSTON - TRUSTEE
36750 U.S. HWY. 19 N.
PALM HARBOR, FL 34684**

Mailing Address
**C/O DIANE L. JOHNSTON - TRUSTEE
36750 U.S. HWY. 19 N.
PALM HARBOR, FL 34684**



09282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3619473

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIOTT, HERBERT
623 E TARPON AVE
SUITE L
TARPON SPRINGS, FL 34689**

**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

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AUGUSTA 2020 LAND TRUST
36750 U.S. HWY. 19 N.
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**600041556976
10/04/04--01016--006 **50.00**

**DO NOT WRITE
IN THIS SPACE**

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 *Diane L. Johnston*

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

9-1-04

Date

Daytime Phone #