## 2005 LIMITED LIABILITY COMPANY \_\_ ANNUAL REPORT

SIGNATURE:

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

FILED
Apr 15, 2005 08:00 AM
Secretary of State

813-223-4995

Daytime Phone #

	ANNUAL	REPORT	. <u> </u>		15, 2005 08:00
DOCU	MENT # L000000100	)41		Se	cretary of State
1. Entity Nar		·		}	
BERTRO	JN, LLC -				
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	ce of Business	Mailing Address			
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			reactive that a series	59-3720443	Not Applicable
ļ			٠.,	5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			
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IAMPA, F	FL 33629-5218		-	114 11110 01	70L
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	e named entity submits this statement for tions of registered agent.	the purpose of changing its regist	tered office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
CICNIATURE					
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE, Regis	tered Agent signature required	when reinstating)	DATE
	iling Fee is \$50.00 lue by May 1, 2005		on one in	ng nguya <del>ka</del> n sa a salaga sa salaga sa	
9.	MANAGING MEMBER	S/MANAGERS			
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NAME STREET ADDRESS	1700 S. MACDILL AVE. STE 220		=======================================	04/15/05-	80096-008 50.00
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indicated limited lia	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	ils ning does not quality for the ex at my signature shall have the sa impowered to execute this report	kemption stated in Sei me legal effect as if m as required by Chapti	ction (19.07(3)(i), Florida Statutes. I ade under oath; that I am a manag er 608, Florida Statutes.	turner certify that the information ing member or manager of the