


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000010041</b> 1. Entity Name <b>BERTRON, LLC</b>	
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Principal Place of Business <b>1700 S. MACDILL AVE. STE 200 TAMPA, FL 33629</b>	Mailing Address <b>1700 S. MACDILL AVE. STE 200 TAMPA, FL 33629</b>
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>59-3720443</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

**HENDEE, BRETT ESQ.  
1700 SOUTH MACDILL AVENUE  
SUITE 200  
TAMPA, FL 33629-5218**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

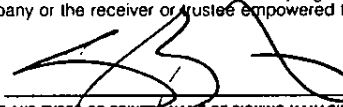
**000000843948**  
**03/12/08-80015-025 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THE THANKSGIVING FUND, INC. 1700 S. MACDILL AVE. STE 220 TAMPA, FL 33629</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:**  **2-26-08** **813-223-2420**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #