

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000011587**



1. Entity Name  
**BRT HOLDINGS, LLC**

Principal Place of Business  
**210 MOORINGLINE DR.  
NAPLES, FL 34102**

Mailing Address  
**210 MOORINGLINE DR.  
NAPLES, FL 34102**



04192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3679358**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LIEBERFARB, STANLEY J  
4001 NORTH TAMiami TRAIL, STE. 330  
NAPLES, FL 34103**

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES TURNER, BERNARD L 210 MOORINGLINE DR. NAPLES, FL 34102</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP TURNER, RITA 210 MOORINGLINE DR. NAPLES, FL 34102</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**U00000743477  
05/15/07-80111-002 50.00**

**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:** *Bernard L Turner*

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

Date

Daytime Phone #

*4-19-07*