

2001 UNIFORM BUSINESS REPORT (UBR)

0028187 AF

DOCUMENT # L00000014336
 1. Entity Name
BERNTHALER GROUP LLC

FILED

01 FEB -5 PM 3:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ONE FINANCIAL PLAZA, STE. 2202 **P.O. BOX 5843**
FT LAUDERDALE FL 33394 **FT LAUDERDALE FL 33310**

2. Principal Place of Business 3. Mailing Address
ONE FINANCIAL PLAZA **P.O. BOX 5843**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2202

City & State City & State
FORT LAUDERDALE FL **FORT LAUDERDALE FL**

Zip Country Zip Country
33394 **U.S.A.** **33310** **U.S.A.**

4. FEI Number Applied For
65-1057441 Not Applicable

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

6. Name and Address of Current Registered Agent
SPiegel & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
THOMAS BERNTHALER
 Street Address (P.O. Box Number is Not Acceptable)
ONE FINANCIAL PLAZA
2202
 City State Zip Code
FORT LAUDERDALE FL 33394

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.

SIGNATURE DATE **2/2/01**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-02/08/01--01105--009
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CEO	THOMAS BERNTHALER	ONE FINANCIAL PLAZA # 2202		
		FT. LAUDERDALE FL.	33394		

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: DATE **2/2/01** Daytime Phone # **(954) 333-7777**

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

CR2E083 (11/00)