


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90029 042 \*\*\*\*55.00

<b>DOCUMENT # L01000008305</b>					
<b>1. Entity Name</b> BERKELEY PROPERTIES, L.L.C.					
<b>Principal Place of Business</b> 5555 EAST MICHIGAN STREET SUITE 200 ORLANDO, FL 32822-2779			<b>Mailing Address</b> 5555 EAST MICHIGAN STREET SUITE 200 ORLANDO, FL 32822-2779		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3726702	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BALDOCCHI, RICHARD V 5555 EAST MICHIGAN STREET SUITE 200 ORLANDO, FL 32822				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDOCCHI, RICHARD V 118 COVE COLONY RD. MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, SANDEEP 3821 CAMBERLY CIRCLE ORLANDO, FL 32836	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISS, JAMES A <del>4770 ALAGUA LAKES BLVD</del> <del>LONGWOOD, FL 32779</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>San deep Singh</u> <i>President</i> <span style="float: right;">3/13/2006 407-599-1122</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					