2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

SSS SEAT MICHIGAN STREET SUITE 200 ORLANDO, FL 282222779 2. Principal Place of Business SSME, Apr. II. plc.	DOCUMENT # L0100008305 1. Entity Name BERKELEY PROPERTIES, L.L.C.						03-16-2006	90029 042 ****5	55.00
Suite, Apt. #, efc.	5555 EAST MICHIGAN STREET 5555 EAST MICHIGAN S SUITE 200 SUITE 200 ORLANDO, FL 32822-2779 ORLANDO, FL 32822-2] : :			
City & State Country			3. Mailing Address						
Sep-37/26/100 Sep-37/26/10	· · · · · · · · · · · · · · · · · · ·								
S. Certificate of Status Desired Mys. O. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familier with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the hot obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the famil	City & State		City & State		I.				
BALDOCCH, RICHARD V 5555 EAST MICHGAN STREET SUITE 200 ORLANDO, FL 32822 City FL Zip Code City FL Zi	Zip	Country	Zip	Country		5. Certificate o	f Status Desired		
BALDOCCHI, RICHARD V Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) City		6. Name and Address of Curren	Registered Agent		lame	7. Name and A	ddress of New R	egistored Agent	
City FL Zip Code 8. The above named entity submits this statishment for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Description				_					
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM BALDOCCHI, RICHARD V STRETADORESS CITY-51-2P MAITLAND, FL 32751 TILE MGRM MGR					*			· · · · · · · · · · · · · · · · · · ·	
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I nerety certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statules. 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: FILL DATE OF PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

kendat