


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000013424 1. Entity Name BERT POPE, L.C.	
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Principal Place of Business 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	Mailing Address 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE

FILED
05 FEB 16 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3737268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERT, POPE S
1409 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POPE, BERT 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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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:  2-11-05 800-222-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

WALTER H. WOLFE, JR.