

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018614

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** BERMAN, CLARK, FOYT, HERNANDO, HORVATH, PHILIPPEAUX AND ASSOCIATES, LLC

**Current Principal Place of Business:**

7300 N KENDALL DR  
#740  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7300 N KENDALL DR  
#740  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 74-3054481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEGALZOOM NEVADA INC  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERMAN, ROCHELLE CFP  
Address: 7300 N KENDALL DR #740  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: CLARK, CARROLL T JR.  
Address: 7300 N KENDALL DR #740  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: HERNANDO, FRANCISCO CFP  
Address: 7300 N KENDALL DR #740  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: HORVATH, MIGUEL  
Address: 7300 N KENDALL DR #740  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: PHILIPPEAUX, JAMES  
Address: 7300 N KENDALL DR #740  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: FOYT, JOHN  
Address: 7300 N KENDALL DR # 740  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARROLL T. CLARK

MRM

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date