

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000019040**

1. Entity Name  
**FRED F. BERARDO REALTY ASSOCIATES, L.L.C.**



Principal Place of Business

**250 PARSELLS LANE  
CLOSTER, NJ 07624**

Mailing Address

**250 PARSELLS LANE  
CLOSTER, NJ 07624**



04192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**51-0417409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SAVARY, JOHNSON S JR  
C/O DUNLAP & MORAN, P.A.  
22 SOUTH LINKS AVE., STE. 300  
SARASOTA, FL 33236**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BERARDO, FRED F
STREET ADDRESS	250 PARSELLS LANE
CITY- ST- ZIP	CLOSTER, NJ 07624
TITLE	MGR
NAME	BERARDO, DONNA
STREET ADDRESS	250 PARSELLS LANE
CITY- ST- ZIP	CLOSTER, NJ 07624
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

Date

Daytime Phone #

**4/20/05 201/315-3318**