

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2003 8:00 am
Secretary of State

09-23-2003 90023 043 ****50.00

DOCUMENT # **L02000021351**

1. Entity Name

BERGER PROPERTIES, L.L.C.



Principal Place of Business

Mailing Address

**PO BOX 1572 WAY
BOCA RATON FL 33429**

**PO BOX 1572 WAY
BOCA RATON FL 33429**

2. Principal Place of Business

P.O. BOX 1572

3. Mailing Address

P.O. BOX 1572

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

Country

33429

Zip

Country

33429

4. FEI Number

22-3876101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRY, PEGGY L
1515 NORTH FEDERAL HIGHWAY STE. 300
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** ☐ Change ☐ Addition
NAME **MICHAEL E. BERGER**
STREET ADDRESS **700 COQUINA WAY**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

MICHAEL E. BERGER MANAGING MEMBER 9/17 561-416-4151

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

Date Daytime Phone #

CR2E083 (4/03)