

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90010 012 \*\*\*\*55.00

DOCUMENT # L02000031507

1. Entity Name



BERGERON DADE AIRPORT LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19612 S.W. 69<sup>th</sup> PL.

Suite, Apt. #, etc.

3. Mailing Address

19612 S.W. 69<sup>th</sup> PL.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

SAME

4. FEI Number

02-0669419

Applied For

Not Applicable

Zip

33332

Country

BVOWARD

Zip

SAME

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PHIL DESAI

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

19612 S.W. 69<sup>th</sup> PL

City

PEMBROKE PINES

FL

Zip Code

33332

**DO NOT WRITE  
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

*[Handwritten Signature]*

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGING MEMBER  
NAME: RONALD M. BERGERON, Sr  
STREET ADDRESS: 19612 S.W. 69<sup>th</sup> PL  
CITY-ST-ZIP: PEMBROKE PINES, FL 33332

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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: *[Handwritten Signature]*

RONALD M. BERGERON SR. 2-25-03

954-680-6100

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

Date

Daytime Phone #

CR2E083B (12/02)