

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 19, 2004 8:00 am
Secretary of State

3/23

03-23-2004 90071 032 ****50.00

DOCUMENT # L03000001390

1. Entity Name
 RICHARD BERENSON LLC



Principal Place of Business: 4903 CERROMAR DRIVE, NAPLES, FL 34112

Mailing Address: 4903 CERROMAR DRIVE, NAPLES, FL 34112

2. Principal Place of Business: 13123 VALEWOOD DR, Suite, Apt. #, etc.

3. Mailing Address: 13123 VALEWOOD DR, Suite, Apt. #, etc.

City & State: NAPLES, FL

City & State: NAPLES, FL

Zip: 34119, Country: COLLIER

Zip: 34119, Country: COLLIER



03162004 Chg-LLC CR2E083 (10/03)

4. FCI Number: 20-0993652

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

BERENSON, RICHARD A
 49303 CERROMAR DRIVE
 NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name: BERENSON RICHARD A

Street Address (P.O. Box Number is Not Acceptable): 13123 VALEWOOD DR

City: NAPLES, FL, Zip Code: 34119

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:  DATE: 3/16/04


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State.

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|-----------------------------------|--|-----------------------|---|
| TITLE: MD | NAME: RICHARD BERENSON <input type="checkbox"/> Delete | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 13123 VALEWOOD DR | CITY-ST-ZIP: NAPLES, FL 34119 | STREET ADDRESS: | CITY-ST-ZIP: |
| TITLE: | NAME: <input type="checkbox"/> Delete | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS: | CITY-ST-ZIP: | STREET ADDRESS: | CITY-ST-ZIP: |

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:  DATE: 3/16/04