## **2004 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR)

## Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # L03000011273 1. Entity Name 02-04-2004 90231 009 \*\*\*\*50.00 **BERG LLC** Principal Place of Business Mailing Address 1717 N. BAYSHORE DRIVE 1717 N. BAYSHORE DRIVE MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 56-2343447 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERG, PAUL L Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DRIVE APT. #3655 **MIAMI FL 33132** City 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 May 1, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MANAGING MEMBER ☐ Change ☐ Addition TITLE ☐ Delete TITLE PAUL L. BERG 1717 N. BAYSHORE DRIVE, APT. #3655 MIAMI FL 33132 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eceiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

PAULIBERG

NTED MAME OF SIGNING MANAGING MEM

SIGNATURE MA

FILED