2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90140 049 ****50.00

DOCUMENT # L03000011273

1. Entity Name
BERG LLC

Principal Place of Business	Mailing Address
1717 N. BAYSHORE DRIVE #3655 MIAMI, FL 33132	1717 N. BAYSHORE DRIVE #3655 MIAMI, FL 33132

01132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
3201 N.E. 183 ST		3201 NE 183 ST	
Suite, Apt. #, etc.: # 704		Suite, Apt. #, etc.: # 704	
City & State: AVENTURA FL		City & State: AVENTURA FL	
Zip: 33160	Country: USA	Zip: 33160	Country: USA

4. FEI Number: 56-2343447 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERG, PAUL L
1717 N. BAYSHORE DRIVE
APT. #3655
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name: BERG, PAUL L
Street Address (P.O. Box Number is Not Acceptable): 3201 NE 183 ST
704
City: AVENTURA FL Zip Code: 33160

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, PAUL L 1717 N. BAYSHORE DRIVE APT#3655 MIAMI, FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, PAUL L 3201 NE 183 ST #704 AVENTURA FL 33160	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERG, ESTELLE 1717 NORTH BAYSHORE DRIVE #3655 MIAMI, FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESTELLE BERG, 3201 NE 183 ST #704 AVENTURA FL 33160	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______________________ 1-18-06 (305) 932-3503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #