

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011553

FILED
Apr 13, 2007
Secretary of State

Entity Name: BERGERON MICHIGAN LLC

Current Principal Place of Business:

19612 S.W. 69 PLACE
FT. LAUDERDALE, FL 33332

New Principal Place of Business:

Current Mailing Address:

19612 S.W. 69 PLACE
FT. LAUDERDALE, FL 33332

New Mailing Address:

FEI Number: 56-2347232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE SAI, PHIL
19612 S.W. 69 PLACE
FT. LAUDERDALE, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERGERON, RONALD M SR
Address: 19612 SW 69 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERGERON, RONALD M SR
Address: 19612 SW 69 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGR () Change (X) Addition
Name: BERGERON, LONNIE NEIL
Address: 19612 SW 69 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGR () Change (X) Addition
Name: SAIA, PHIL
Address: 19612 SW 69 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD M BERGERON SR

MGRM

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date