


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90029 027 ****50.00

DOCUMENT # L03000017859 1. Entity Name VAN BERT CAPITAL, LLC			
Principal Place of Business 3621 DUBSDREAD CIRCLE ORLANDO, FL 32804 US		Mailing Address 3621 DUBSDREAD CIRCLE ORLANDO, FL 32804 US	
2. Principal Place of Business 1966 WEST NEW HAMPSHIRE ST.		3. Mailing Address 1966 WEST NEW HAMPSHIRE ST.	
Suite, Apt. #, etc. SUITE E		Suite, Apt. #, etc. SUITE E	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32804		Zip 32804	
Country ORANSE		Country ORANIE	
01042005 Chg-LLC CR2E083 (10/03)		4. FEI Number 56-2361178	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHUBERT, JOHN 3621 DUBSDREAD CIRCLE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name ANDREW VANDENDRIESSCHE Street Address (P.O. Box Number is Not Acceptable) 1966 W. NEW HAMPSHIRE ST. SUITE E City ORLANDO FL Zip 32804	
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 <u>ANDREW VANDENDRIESSCHE</u> DATE 01/04/05 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANDENDRIESSCHE, ANDREW S 3621 DUBSDREAD CIRCLE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1966 W. NEW HAMPSHIRE ST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUBERT, JOHN M 3621 DUBSDREAD CIRCLE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1966 W. NEW HAMPSHIRE ST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>ANDREW VANDENDRIESSCHE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 01/04/05 Daytime Phone # 407 532 7600	