2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-02-2004 90255 027 ****50.00

DOCUMENT # L03000019791

1. Entity Name
BERMUDA PARK, LLC

Principal Place of Business	Mailing Address
4701 NORTH FEDERAL HIGHWAY, STE. 330, LIGHTHOUSE POINT FL 33064	4701 NORTH FEDERAL HIGHWAY, STE. 330, LIGHTHOUSE POINT FL 33064

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
186 HILLSIDE DR.	186 HILLSIDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ONEONTA, NY	City & State: ONEONTA NY
Zip: 13820 Country: USA	Zip: 13820 Country: USA

4. FEI Number: 20-0036237 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ST. LOUIS, PHIL
4701 NORTH FEDERAL HIGHWAY, STE. 330, A-12
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name: FRANCIS G. BURDEN
Street Address (P.O. Box Number is Not Acceptable): 3788 WILDERNESS WAY
City: CORAL SPRINGS FL Zip Code: 33065

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: Francis G. Burden 3/8/04
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: FRANCIS G. BURDEN STREET ADDRESS: 3788 WILDERNESS WAY CITY-ST-ZIP: CORAL SPRINGS, FLA 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: RICHARD EMANUEL STREET ADDRESS: 46 PINE TREE RD CITY-ST-ZIP: MONROE NY 10950	☐ 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
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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 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: Francis G. Burden 3/8/04 607-433-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #