

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
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Apr 24, 2006 08:00 AM
Secretary of State

EB DEVELOPERS INC.



DOCUMENT # L03000021176 1. Entity Name BERDUGO, L.L.C.					
Principal Place of Business 7284 W. PALMETTO PARK RD. STE. 106 BOCA RATON FL 33433			Mailing Address 7284 W. PALMETTO PARK RD. STE. 106 BOCA RATON FL 33433		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-0642272			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KASKEL, DANIEL A P.A. 7284 WEST PALMETTO PARK RD. STE. 108 BOCA RATON FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERDUGO, ELIE 22175 LARKSPUR TRAIL BOCA RATON FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **4-12-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #