


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L03000028966**  
 1. Entity Name  
**BERKELEY/SANS SOUCI MANAGEMENT, LLC**



Principal Place of Business      Mailing Address  
**6340 SUNSET DR**                      **6340 SUNSET DR**  
**MIAMI, FL 33143**                      **MIAMI, FL 33143**



01122006No Chg-LLC      CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2120589</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R**  
**201 ALHAMBRA CIR, STE 601**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>FIELDSTONE, RONALD K</b> <b>201 ALHAMBRA CIR, STE 601</b> <b>CORAL GABLES, FL 33134</b>
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**U00000530284**  
**05/05/06-80111-004 50.00**

**DO NOT WRITE IN THIS SPACE**

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:**  **MGR**      **3/08/06**      **305-357-1007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #