


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-18-2005 90133 008 ****50.00

DOCUMENT # L03000036231 1. Entity Name BREGMAN PROPERTIES LLC					
Principal Place of Business 6701 DEMOCRACY BLVD. #203 C/O DAVID SCULL BETHESDA MD 20817			Mailing Address 6701 DEMOCRACY BLVD. #203 C/O DAVID SCULL BETHESDA MD 20817		
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 NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent GILMORE, MARCIA 5871 OAKHURST DRIVE SEMINOLE FL 33772			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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><i>Jacob G. Bregman</i></u> 2-7-05 <small>Signature, typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BREGMAN, JACOB I 6575 99TH WAY NORTH UNIT 22106 ST. PETERSBURG FL 33708	<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	MGRM BREGMAN, MONA M 6575 99TH WAY NORTH UNIT 22106 ST. PETERSBURG FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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><i>Jacob G. Bregman</i></u> 3-18-05 727/398-2912 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT
30002335

March 18, 2005

Please send me a change of address form.

Mail to :

J. I. Bregman
6575 99th Way, N
#22106
St. Petersburg, Florida 33708

Thank you very much.

J. I. Bregman