

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037732

1. Entity Name
**BERGMAN BUSINESS & PROPERTY ADMINISTRATION,
LLC**



Principal Place of Business
PO BOX 950643
LAKE MARY, FL 32795

Mailing Address
PO BOX 950643
LAKE MARY, FL 32795



02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0420780	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGMAN, DAVID E
PO BOX 950643
LAKE MARY, FL 32795

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

000000456373
03/16/06-80026-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERGMAN, DAVID E
STREET ADDRESS	PO BOX 950643
CITY-ST-ZIP	LAKE MARY, FL 32795
TITLE	MGRM
NAME	BERGMAN, KATHLEEN A
STREET ADDRESS	PO BOX 950643
CITY-ST-ZIP	LAKE MARY, FL 32795
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-22-06 407 448 8860

Date

Daytime Phone #