

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037732

**FILED**  
**Feb 22, 2009**  
**Secretary of State**

**Entity Name:** BERGMAN BUSINESS & PROPERTY ADMINISTRATION, LLC

**Current Principal Place of Business:**

PO BOX 950643  
LAKE MARY, FL 32795

**New Principal Place of Business:**

BOX 950643  
LAKE MARY, FL 32795

**Current Mailing Address:**

PO BOX 950643  
LAKE MARY, FL 32795

**New Mailing Address:**

PO BOX 940643  
LAKE MARY, FL 32795

**FEI Number:** 20-0420780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

**SIGNATURE:**

02/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERGMAN, DAVID E  
Address: PO BOX 950643  
City-St-Zip: LAKE MARY, FL 32795

Title: MGRM ( ) Delete  
Name: BERGMAN, KATHLEEN A  
Address: PO BOX 950643  
City-St-Zip: LAKE MARY, FL 32795

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DAVID E BERGMAN

MGRM

02/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date