2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT						FILED	. ,	
DOCUMENT # L03000040640 1. Entity Name					T SECRETA DIVISION O	ARY OF STA	TIONS	
DON BERNA 837, LLC					04 FEB	27 PM 3:	10	
Principal Place of Business		Mailing Address	Mailing Address		1			
384 COCONUT CIR. WESTON, FL 33326		384 COCONUT CIR. WESTON, FL 33326		4 1 0 i 0 (70 () 10 ()	PR(## (UIT) BR(S) B#(T) BR	IR EPIN DIEM ORIIS EIJH PIEII J	PALEEZ III IZBI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number 51 -	0488002		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	□ \$5.00 A	
6. Name and Address of Current				Name	7. Name and	Address of New F	Registered Agent	
GOMEZ, FABIO A 384 COCONUT CIR. WESTON, FL 33326					eet Address (P.O. Box Number is Not Acceptable)			
				City			FL Zip Co	de
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								n, and accept
SIGNATURE	ns of registered agent.	district to a standard to the	- 5	4.			DATE	· .
5.19	gnature, typed or printed name or registered agent	and tide if applicable. (NOTE	: Hegistere	d Agent signature require	ad when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2004							re check payable to a Department of Sta	
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	
	MGR SOMEZ, FABIO A	☐ Delete	TITU				☐ Change	☐ Addition
STREET ADDRESS 3	884 COCONUT CIR.		STRE	ET ADDRESS	g— "-	30000		
CITY-ST-ZIP V	WESTON, FL 33326	Delete	TITL	-ST-ZIP	02/27	7040100	482925 4010 -	I - Hi Addition
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CITY-ST-ZIP			СПУ	-ST-ZIP				
TITLE NAME		☐ Delete	TITLI	ì			Change	Addition [
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CITY-ST-ZIP		Delete	CITY	-ST-ZIP			Change	Addition
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NAME STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
11. I hereby cer indicated or limited liabili	rtify that the information supplied on this report is true and accurate the lity company or the ecciver or tryste	n this filling does not qualify to d that my signature shall have se empowered to execute this	r the exe the same report as	emption stated in S e legal effect as if s required by Chap	Section 119.07(3)(i made under oath; pter 608, Florida S), Florida Statutes. that I am a mana tatutes.	I further certify that the ging member or manage	information ger of the
SIGNATU	IDE.	Jam		\geq				ļ
SIGITAL	SIGNATURE AND TYPED OR PRINTED-NAME	OF SIGNING MANAGING MEMBER, MA	NAGER, OF	AUTHORIZED REPRES	SENTATIVE	Date	Daytime Phone 4	,