# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 05, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L03000040640

1. Entity Name
DON BERNA 837, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 384 COCONUT CIR.<br>WESTON, FL 33326 | 384 COCONUT CIR.<br>WESTON, FL 33326 |

01082006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
51-0488002
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, FABIO A
384 COCONUT CIR.
WESTON, FL 33326

**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 _____ DATE
Signature of new registered agent (if applicable) (Name of person signing) (Capacity/Title)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | GOMEZ, FABIO A |
| STREET ADDRESS | 384 COCONUT CIR. |
| CITY ST ZIP | WESTON, FL 33326 |
| TITLE | MGR |
| NAME | NARVAEZ, ANGELA M |
| STREET ADDRESS | 384 COCONUT CIR. |
| CITY ST ZIP | WESTON, FL 33326 |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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04/19/06-80087-020 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:** Angel Fabio Gomez 04/03/06 954 3879063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME TELEPHONE #