


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000040662</b>	
1. Entity Name <b>DON BERNA ONE, LLC</b>	

Principal Place of Business <b>384 COCONUT CIR. WESTON, FL 33326</b>	Mailing Address <b>384 COCONUT CIR. WESTON, FL 33326</b>
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03252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>51-0487999</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GOMEZ, FABIO A 384 COCONUT CIR. WESTON, FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NARVAEZ, ANGELA M 384 COCONUT CIR. WESTON, FL 33326</b>
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U00000724218  
05/02/07-80103-006 50.00

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:** *Angela M. Narvaez* **MGR.** *04/19/07* *954/4485470*

1. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #