

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000005138

1. Entity Name  
BETHESDA DEVELOPERS, LLC



Principal Place of Business  
1621 80 STREET N.  
ST. PETERSBURG, FL 33710 US

Mailing Address  
1621 80 STREET N.  
ST. PETERSBURG, FL 33710 US



02042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4292507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, ROBERT  
1621 80TH STREET N.  
ST. PETERSBURG, FL 33710

**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 reappointing)

DATE

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

U00000638649  
02/27/07-80039-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERMAN, ROBERT A
STREET ADDRESS	1621 80TH STREET N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710

TITLE	MGRM
NAME	BERMAN, DONNA B
STREET ADDRESS	1621 80 STREET N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*

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

Date

Daytime Phone #