

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009341

FILED  
Jun 29, 2005  
Secretary of State

**Entity Name:** BERGERON PROPERTIES, LLC.

**Current Principal Place of Business:**

31000 PORTOFINO CIR.  
#103  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

2 BRIGHTON CT.  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

31000 PORTOFINO CIR.  
#103  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

2 BRIGHTON CT.  
PALM BEACH GARDENS, FL 33418 US

FEI Number: 87-0722029      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LEGAL ZOOM NEVADA INC.  
44 W. FLAGLER ST  
SUITE 675  
MIAMI, FL 33130 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BERGERON, BRETT A  
Address: 31000 PORTOFINO CIR. #103  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM (X) Change ( ) Addition  
Name: BERGERON, BRETT A  
Address: 2 BRIGHTON CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRETT A. BERGERON

MGRM

06/29/2005

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