2006 LIMITED LIABILITY COMPANY

SIGNATURE:

Mar 16, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-16-2006 90030 026 ****50.00 **DOCUMENT # L04000035576** 1. Entity Name S BERGER, LLC -4010979 Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY 1515 NORTH FEDERAL HIGHWAY **SUITE #105** SUITE #105 BOCA RATON, FL 33432 BOCA RATON, FL 33432 3. Mailing Address 370 SE 26^{7H} STAEE7 2. Principal Place of Business Suite, Apt. #, etc. 02152006 Chg-LLC CR2E083 (11/05) 70 SE 2071+57 DEERHELD BEACH FLORIDA City & State City & State Applied For 4. FEI Number DEERFIELD BEACH. 20-1100664 Not Applicable Zio Country \$5.00 Additional 5. Certificate of Status Desired 33483 \Box USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, DONALD J ESQUIRE 1515 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **SUITE #105** BOCA RATON, FL 33432 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Delete TITLE ☐ Change ■ Addition BERGER, STEVEN NAME NAME 1515 NORTH FEDERAL HIGHWAY, #105 STREET ADDRESS STREET ADORESS CITY-ST-7P BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_CT_7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED