
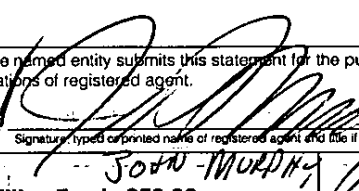
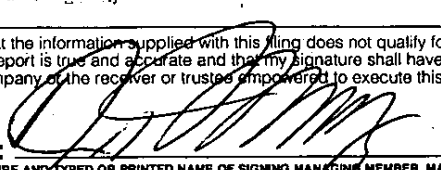


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90104 009 \*\*\*\*50.00

<b>DOCUMENT # L04000039173</b> 1. Entity Name <b>OLD BERKLEY RESERVE OF CENTRAL FLORIDA, LLC</b>																								
Principal Place of Business <b>519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844</b>		Mailing Address <b>519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844</b>																						
2. Principal Place of Business <b>10830 SW 113 Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>10830 SW 113 Place</b> Suite, Apt. #, etc.																						
City & State <b>Miami Florida</b> Zip Country <b>33176</b>		City & State <b>Miami Florida</b> Zip Country <b>33176</b>																						
4. FEI Number <b>20-1164963</b>		Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																						
6. Name and Address of Current Registered Agent  <b>MURPHY, JOHN 519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844</b>		7. Name and Address of New Registered Agent Name <b>John Murphy</b> Street Address (P.O. Box Number is Not Acceptable) <b>10830 SW 113 Place</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b>																						
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 <b>2/20/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																								
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>519-B JONES AVENUE, SUITE 5, 2ND FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HAINES CITY, FL 33844</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	MURPHY, JOHN		STREET ADDRESS	519-B JONES AVENUE, SUITE 5, 2ND FLOOR		CITY - ST - ZIP	HAINES CITY, FL 33844		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10830 SW 113 Place</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Miami FL 33176</td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	10830 SW 113 Place		CITY - ST - ZIP	Miami FL 33176	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date <b>2/20/05</b> Daytime Phone # <b>8634229772</b>																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>JOHN MURPHY</b>																								

**20015542**



02112005 Chg-LLC CR2E083 (10/03)