2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000039173

1. Entity Name
OLD BERKLEY RESERVE OF CENTRAL FLORIDA, LLC

Principal Place of Business	Mailing Address
10830 SW 113 PLACE MIAMI, FL 33176	10830 SW 113 PLACE MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

02042006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1164963	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOHN
10830 SW 113 PLACE
MIAMI, FL 33176

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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 reinstating)   DATE
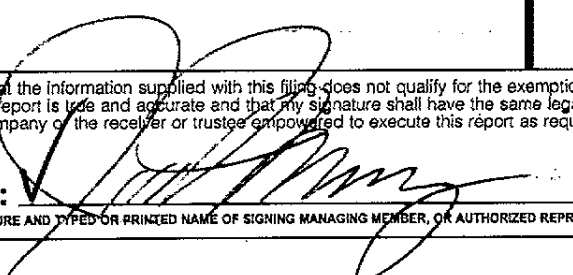
Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MURPHY, JOHN
STREET ADDRESS	10830 SW 113 PLACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000551202
05/13/06-80087-025 50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   04.26.06   863.422.9777

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