

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90536 004 \*\*\*\*50.00

**DOCUMENT # L04000053238**

1. Entity Name

**BERK'S LANDING, LLC**



Principal Place of Business

**C/O R. JAMES LADD  
2162 NW PLUMBAGO TRAIL  
STUART FL 34994**

Mailing Address

**C/O R. JAMES LADD  
2162 NW PLUMBAGO TRAIL  
STUART FL 34994**

**30003809**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-1446386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RUDD, JAMES D  
3511 N.E. 22ND AVENUE  
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

**MANAGING AGENT** ☐ Delete  
**ROBERT J. LADD**  
**2162 N.W. PLUMBAGO TRAIL**  
**STUART, FL. 34994**

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

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

**3/15/05**

Daytime Phone #