## **2006 LIMITED LIABILITY COMPANY**

## Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000082626** 04-13-2006 90032 028 \*\*\*\*55.00 1. Entity Name BERNSEN ENTERPRISES, LLC Principal Place of Business Mailing Address 3200 TAMIAMI TRAIL NORTH, SUITE 200 6370 HUNTERS ROAD NAPLES, FL 34109 NAPLES, FL 34103 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. 01102006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1964206 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LADEMAN, CARRIE E Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103 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 arm 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition BERNSEN, MICHAEL NAME NAME 6370 HUNTERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP **MGRM** ☐ Delete TITLE TITLE ☐ Change ☐ Addition BERNSEN, KATE NAME NAME STREET ADDRESS 6370 HUNTERS ROAD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 ÇITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

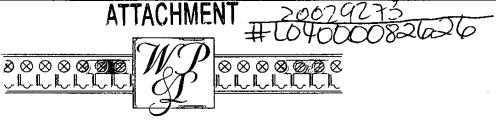
CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-15-66

**FILED** 

Daytime Phone #



## WOODWARD, PIRES & LOMBARDO, P.A.

Attorneys-At-Law

April 7, 2006

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CARRIE E. LADEMAN

Carlo F. Zampogna Jennifer L. Szymanski

- ♠ (Board Certified Real Estate Attorney)
- (Board Certified City, County and Local Government Attorney)

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re: Bernsen Enterprises, LLC.

To Whom It May Concern:

Enclosed for filing please find the original 2006 Annual Report for the above referenced limited liability company and a check in the amount of \$55.00 for the filing fee and Certificate of Status.

Please feel free to contact me if you have any questions or need anything further.

Very truly yours,

Nicole Turley

Assistant to Carrie E. Lademan, Esq.

\nmt Enclosures

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