2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000089379

1. Entity Name
BERKSHIRE MANAGERS, LLC

Principal Place of Business	Mailing Address
C/O DENNIS FULLER 536 NORTH MONROE STREET TALLAHASSEE, FL 32301	C/O DENNIS FULLER 536 NORTH MONROE STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

20033384

04182006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-1999699	Applied For
	Not Applicable

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

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6. Name and Address of Current Registered Agent

FULLER, DENNIS R
536 N MONTOE STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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	MGRM
NAME	FULLER, DENNIS
STREET ADDRESS	536 NORTH MONROE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ Dennis R Fuller _____   4/18/06   205 9025

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