

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000089491
 1. Entity Name
 BERGMANN MANAGEMENT, LLC



Principal Place of Business 4315 PABLO OAKS COURT SUITE 5 JACKSONVILLE, FL 32224	Mailing Address 4315 PABLO OAKS COURT SUITE 5 JACKSONVILLE, FL 32224
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01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2012924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERGMAN, THOMAS C
 4315 PABLO OAKS COURT
 SUITE 1
 JACKSONVILLE, FL 32224

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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: *Thomas C Bergmann* DATE: 1-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGMANN, THOMAS C 4315 PABLO OAKS COURT, SUITE 5 JACKSONVILLE, FL 32224
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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: *Thomas C Bergmann* Date: 1-17-08 Daytime Phone #: 904 482 1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE