

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90151 038 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |         |                                                                                      |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000093475</b><br>1. Entity Name<br><b>BERNEY, BOGDANOFF &amp; DUBOFF CPAS, PL</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                            |         |                                                                                      |                                  |  |
| Principal Place of Business<br><b>9700 SOUTH DIXIE HIGHWAY<br/>SUITE 500<br/>MIAMI, FL 33156</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |         | Mailing Address<br><b>9700 SOUTH DIXIE HIGHWAY<br/>SUITE 500<br/>MIAMI, FL 33156</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                            |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |         | City & State                                                                         |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            | Country |                                                                                      | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            | Country |                                                                                      | 4. FET Number<br><b>20-2065422</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            |         |                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                            |  |
| 6. Name and Address of Current Registered Agent<br><b>BERNEY, ROBERT<br/>9700 SOUTH DIXIE HIGHWAY<br/>SUITE 500<br/>MIAMI, FL 33156</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |         |                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |         |                                                                                      | \$5.00 Additional Fee Required                                                                                    |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |         |                                                                                      |                                                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |         | Make check payable to<br>Florida Department of State                                 |                                                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |         | 10. ADDITIONS/CHANGES                                                                |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Managing Member <input type="checkbox"/> Delete<br><b>Robert J. Berney - President</b><br><b>9700 S. Dixie Hwy #500</b><br><b>Miami, FL 33156</b>          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Managing Member <input type="checkbox"/> Delete<br><b>Richard Bogdanoff - Vice Pres.</b><br><b>2790 N. Federal Hwy #400</b><br><b>Boca Raton, FL 33431</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Member <input type="checkbox"/> Delete<br><b>Jay Duboff - S/T</b><br><b>9700 S. Dixie Hwy #500</b><br><b>Miami, FL 33156</b>                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| 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: <u>Robert Berney</u> Managing Member <u>2/5/05</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            |         |                                                                                      |                                                                                                                   |  |