


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90018 015 \*\*\*\*\*55.00

**20022086**



<b>DOCUMENT # L05000005597</b>	
1. Entity Name MANCHESTER-BERKELEY HOLDINGS, LLC	

Principal Place of Business 1925 BRICKELL AVENUE BRICKELL PLACE CONDOMINIUM, SUITE D-206 MIAMI, FL 33129	Mailing Address 1925 BRICKELL AVENUE BRICKELL PLACE CONDOMINIUM, SUITE D-206 MIAMI, FL 33129
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2. Principal Place of Business 450 SE 7th St Suite, Apt. #, etc. #244 City & State DANIA BEACH-FL Zip 33004 Country USA	3. Mailing Address 450 SE 7th St Suite, Apt. #, etc. #244 City & State DANIA BEACH-FL Zip 33004 Country USA
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02072006	Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2204984	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 1925 BRICKELL AVENUE BRICKELL PLACE CONDOMINIUM, SUITE D-206 MIAMI, FL 33129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 W. 76 St #208 City HIALEAH FL Zip Code 33016
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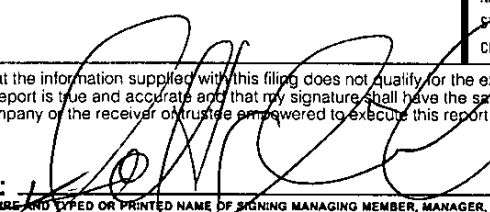
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVICK, NICHOLAS 450 SE 7TH STREET, #242 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3/27/06

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