

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020211

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: BERT SHIVER ENTERPRISES LLC

**Current Principal Place of Business:**

1055 SCOTLAND ROAD  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

1055 SCOTLAND ROAD  
HAVANA, FL 32333

**New Mailing Address:**

P.O. BOX 2327  
HAVANA, FL 32333

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, MAX T  
113 WEST FRANKLIN STREET  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERT, CHARLES H  
Address: 1941 SHADY OAKS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: SHIVER, REX D  
Address: 1140 FLETCHER DRIVE  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES H. BERT

MGRM

01/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date