2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L05000022806



FILED
May 03, 2006 8:00 am
Secretary of State
04-20-2006 90029 044 ****50.00

1. Entity Name BERKSHIRE MANOR II OF TALLAHASSEE, LLC							
Principal Place of Business C/O COASTAL PROPERTY SERVICES, INC. 536 NORTH MONROE STREET TALLAHASSEE, FL 32301		Mailing Address C/O COASTAL PROPERTY SERVICES, INC. 536 NORTH MONROE STREET TALLAHASSEE, FL 32301		- 		6970 Kararan arang bangan arang	AKARLIN ITBI
2. Principal Place of Business		3. Mailing Address					
Suite, Apl. #, etc.		Suite, Apt. #, etc.		04182006	Chg-LLC	CR2E083 (11/05	i)
City & State		City & State		4. FEI Numb	466033	5 H	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 A	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent	
COASTAL PROPERTY SERVICES, INC. 536 NORTH MONROE STREET TALLAHASSEE, FL 32301				(P.O. Box Number is Not Acceptable)			
IALLANA	55EE, FE 32301			-			
			City			FL Zip Co	j
 The above the obligation 	named entity submits this statement to ions of registered agent.	r the purpose of changing its re	agistered office or registe	red agent, or bo	th, in the State of Flo	vida. I am familiar wit	n, and accept
SIGNATURE .	Signature, typed or praried name of registered agent	and sile if applicable. (NOTE if	Registered Agent signature requires	d when remetating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Fiorida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE NAME	MGRM FULLER, DENNIS	☐ Delete	TITLE NAME	*		Change	Addition
STREET ADDRESS	536 NORTH MONROE STREET		STREET ADDRESS				
CIFY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP				
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STREET ADDRESS			STREET ADDRESS				ļ
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11. Thereby 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 path; that I am a managing member or manager of the fimited liability company or the receiver or trustee amprovered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: Signature: Sign							
SIGNATURE: Denois R Fully 4/18/06 205 9025							