

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90084 006 ****50.00

DOCUMENT # **L05000033558**

1. Entity Name

TWO BERKLEY BOYS, LLC



DO NOT WRITE IN THIS SPACE

20049895

2. Principal Place of Business

139-C BEACH RD

3. Mailing Address

139 BEACH RD.

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

CR2E083B (8/05)

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

20-263 2266

Applied For

Not Applicable

Zip

34242

Country

SARASOTA

Zip

34242

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **RICHARD O. KIGHT**

Street Address (P.O. Box Number is Not Acceptable)
139-C BEACH RD.

City **SARASOTA**

FL

Zip Code **34242**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RICHARD O. KIGHT "MGR"
139-C BEACH RD.
SARASOTA, FL. 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EARL J. SMITH, JR. "MGR"
145 OLD CARROLLTON RD
NEWNAN, GA. 30263

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **Richard O. Kight**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-17-06

Date

941-349-5419

Daytime Phone #