


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90146 037 ****50.00

DOCUMENT # L05000072605					
1. Entity Name BERMONT LOOP, LLC					
Principal Place of Business 1130 PONDELLA ROAD, SUITE 3 N FORT MYERS, FL 33903			Mailing Address 1130 PONDELLA ROAD, SUITE 3 N FORT MYERS, FL 33903		
2. Principal Place of Business - No P.O. Box # 1130 Pondella Rd		3. Mailing Address 1130 Pondella Rd			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Cape Coral FL		City & State Cape Coral FL			
Zip 33909	Country Lee	Zip 33909	Country Lee	01192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HONE, VINCENT E 1130 PONDELLA RD. STE. 3 CAPE CORAL, FL 33909				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Vincent E Hone</u> DATE <u>1-24-07</u> <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 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONE, VINCENT 1246 SW 4TH AVE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hone Vincent 1911 Piccadilly Circle CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPPEE, BILL 5380 MARNA DR BOKEELIA, FL 33922	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Vincent E Hone</u>				Date <u>1/24/07</u> Daytime Phone # <u>239-458-3335</u>	