

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000093394



1. Entity Name

BERRY AVENUE, LLC

Principal Place of Business

PO BOX 2970  
STUART FL 34995

Mailing Address

PO BOX 2970  
STUART FL 34995



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3512750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, KENNETH A  
2400 S.E. FEDERAL HIGHWAY FOURTH FL  
STUART FL 34994

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: DOUGHERTY, JEFFREY  
STREET ADDRESS: PO BOX 2970  
CITY-STATE-ZIP: STUART FL 34995

TITLE: MGR ☐ Delete  
NAME: KNOTT, PAMELA  
STREET ADDRESS: 6301 SE FED HWY  
CITY-STATE-ZIP: STUART FL 34997

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: U000000706540  
CITY-STATE-ZIP: 04/24/07-80037-024 50.00

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Pamela A. Knott*

MANAGER

4-11-07

772-288-0165

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

Date

Daytime Phone #