
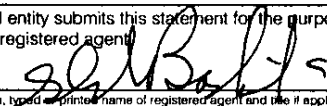
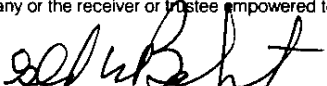


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90232 049 ***138.75

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 # 6301 SE FEDERAL HWY		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State STUART		City & State		4. FEI Number 20-3512750	
Zip 34997	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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: GERALD W. BASHANT, SR. Street Address (P.O. Box Number is Not Acceptable) 6301 SE FEDERAL HWY City: STUART FL Zip Code: 34997		
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:  DATE: 4-4-08					
<div style="display: flex; justify-content: space-between;"> <div>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div> <div>Make check payable to Florida Department of State</div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASHANT, GERALD W SR PO BOX 2970 STUART, FL 34995	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD RIDGWAY 6301 SE FEDERAL HWY STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  DATE: 4-4-08					

60020402



03282008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

Zip Code
34997

4-4-08

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BASHANT, GERALD W SR
PO BOX 2970
STUART, FL 34995

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

Date

Daytime Phone #