


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90054 025 \*\*\*138.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L06000033451</b><br>1. Entity Name<br><b>BERT ENTERPRISES, LLC</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>250 S. CENTRAL BLVD.<br/>SUITE 204<br/>JUPITER, FL 33458 US</b>  |  |  | Mailing Address<br><b>250 S. CENTRAL BLVD.<br/>SUITE 204<br/>JUPITER, FL 33458 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4065 HAVERHILL RD.</b>  |  |  | 3. Mailing Address<br>  |   |  |
| Suite, Apt. #, etc.<br><b>SUITE B-6</b>  |  |  | Suite, Apt. #, etc.<br>   |   |  |
| City & State<br><b>W. PALM BEACH, FL</b>   |  |  | City & State<br>  |   |  |
| Zip<br><b>33417</b>  |  | Country<br><b>USA</b>  |   | 4. FEI Number<br><b>20-4594811</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>RISK WATCHERS, INC<br/>250 S. CENTRAL BLVD.<br/>SUITE 204<br/>JUPITER, FL 33458</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |  |  | <b>10. ADDITIONS / CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>TAITER MANAGEMENT, INC.<br/>250 S. CENTRAL BLVD. SUITE 204<br/>JUPITER, FL 33458</b>             | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>KEVIN J. GILBERT, M.D., P.A.<br/>5305 GREENWOOD AVE. SUITE 204<br/>WEST PALM BEACH, FL 33407</b> | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| 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. |  |  |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | Date <b>1/7/08</b> Daytime Phone # <b>561-790-2876</b>                                |   |  |

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