


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90020 005 ***138.75

DOCUMENT # L06000103832	
1. Entity Name 5628 BERSCH, LLC	

Principal Place of Business 5120 SOUTH FLORIDA AVE., SUITE 318 LAKELAND, FL 33813	Mailing Address P.O. BOX 5078 LAKELAND, FL 33807
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



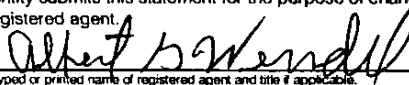
03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8181491	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CHRITTON, CHARLES P C/O WENDEL & CHRITTON, CHARTERED 225 EAST LEMON STREET, SUITE 351 LAKELAND, FL 33801	

7. Name and Address of New Registered Agent	
Name Albert G. Wendel	
Street Address (P.O. Box Number is Not Acceptable) 5120 S. Florida Ave.	
Suite 318	
City Lakeland	FL Zip Code 33813

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 	Albert G. Wendel	5/1/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WNEDEL, MARY E TRUSTEE 5120 SOUTH FLORIDA AVE., SUITE 318 LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, MARY E TRUSTEE 5120 S. FLORIDA AVE STE 318 LAKELAND FL 33813 <input checked="" 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	<input type="checkbox"/> Change <input 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: 	ALBERT G. WENDEL	5/1/08	863/648-9626
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>