


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90167 006 \*\*\*138.75

<b>DOCUMENT # L06000122436</b>	
1. Entity Name <b>BERGHOEFER SERVICES, LLC</b>	

Principal Place of Business <b>24852 SPRINGWOOD LN. FERNANDINA BEACH, FL 32034</b>	Mailing Address <b>24852 SPRINGWOOD LN. FERNANDINA BEACH, FL 32034</b>
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**50004129**

2. Principal Place of Business - No P.O. Box # <b>87595 ROSES BLUFF</b>	3. Mailing Address <b>87595 ROSES BLUFF</b>
Suite, Apt. #, etc. <b>RD</b>	Suite, Apt. #, etc. <b>RD</b>

City & State <b>YULEE FL</b>	City & State <b>YULEE FL</b>
Zip <b>32097</b>	Zip <b>32097</b>
Country <b>USA</b>	Country <b>USA</b>



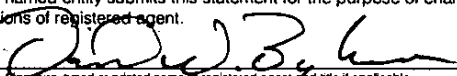
01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8174488</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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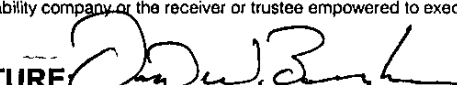
6. Name and Address of Current Registered Agent	
<b>BERGHOEFER, DAVID 24852 SPRINGWOOD LN. FERNANDINA BEACH, FL 32034</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>87595 ROSES BLUFF RD</b>	
City <b>YULEE</b>	FL Zip Code <b>32097</b>

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 <b>4/15/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BERGHOEFER, DAVID</b>		NAME <b>87595 ROSES BLUFF RD.</b>	
STREET ADDRESS <b>24852 SPRINGWOOD LN.</b>		STREET ADDRESS <b>YULEE, FL 32097</b>	
CITY-ST-ZIP <b>FERNANDINA BEACH, FL 32034</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 <b>4/15/08</b>
Daytime Phone # <b>904-335-0371</b>	