
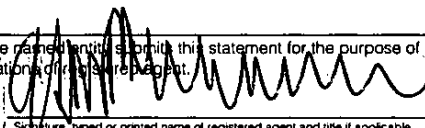
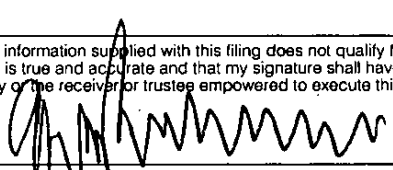


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90076 036 ***138.75

60010000

DOCUMENT # L07000126614 1. Entity Name BERGMANN 40, LLC			
Principal Place of Business 2001 HOLLYWOOD BOULEVARD SUITE 200 HOLLYWOOD, FL 33020		Mailing Address 2001 HOLLYWOOD BOULEVARD SUITE 200 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box # 435 Royal Plaza Drive		3. Mailing Address 435 Royal Plaza Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33301		Zip 33301	
Country USA		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGMAN, RICHARD H 2001 HOLLYWOOD BOULEVARD SUITE 200 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name GEORGE BERGMANN Street Address (P.O. Box Number is Not Acceptable) 435 ROYAL PLAZA DRIVE City FT LAUDERDALE FL Zip Code 33301	
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 obligation of this statement. SIGNATURE:  DATE: 2/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 BERGMAN, RICHARD H 2001 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR George Bergmann 435 Royal Plaza Drive Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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
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: 2/25/08 Daytime Phone #: 954-707-0444	