## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT					Secretary or State					
DOCUMENT # L07000126614  1. Enlity Name BERGMANN 40, LLC						02-27-200	8 90076 0	36 ***138	3.75	
Principal Plac	e of Business WOOD BOULEVARD	Mailing Address	I EVADO			egara	- د ن			
SUITE 200 HOLLYWOOD	, FL 33020	2001 HOLLYWOOD BOULEVARD SUITE 200 HOLLYWOOD, FL 33020								
	tace of Business - No P.O. Box #  Royal Plaza Drive #. etc.	3. Mailing Address 435 Royuu Suite, Apt. #, etc.	Huze T	Privi		2010 100 II COID OO II				
					02082008	Chg-LLC	CR2E(	083 (12/06)		
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Zip <b>3 &gt; &gt;の</b> \	Country By Sec	Zip 3330 (	Country Le S A		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
3/70	6. Name and Address of Current I				7. Name and	Address of Nev	v Registered			
DEDCMANI DICHADD U				Name GEORGE BERGMANN						
BERGMAN, RICHARD H 2001 HOLLYWOOD BOULEVARD			Stre	Street Address (P.O. Box Number is Not Acceptable) 435 ROYAL PLAZA DRIVE						
SUITE 200 HOLLYWOOD, FL 33020			ļ —		1.09.11-	,,,	20,0	•		
			City	FLA	uΔ		FL	Zip Code		
The above ramed entitl shortist this statement for the ourpose of changing its registered office or registe     the obligations of registered by the obligations of the obligations of registered by the obligations of registered by the obligations of the obligations of registered by the obligations of the obligat					ed agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE							2/35	108		
Transmit	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent s	ignature required	when reinstating)		DATE	(T115% .		
FILE	Subjuture: Typed or printed name of registered agent a NOWIII - FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		Registered Agent s	ignature required	when reinstating)		ake check pida Departm	•	3	
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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 confidence 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WANTE

PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-707-0444

Date

Daytime Phone #