

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 18, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000008306**1. Entity Name  
**BERKSHIRE HALIFAX L.L.C.**

Principal Place of Business	Mailing Address
12230 FOREST HILL BLVD. SUITE 120 WELLINGTON FL 33414	12230 FOREST HILL BLVD. SUITE 120 WELLINGTON FL 33414

2. Principal Place of Business	3. Mailing Address
12230 FOREST HILL BLVD.	12230 FOREST HILL BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 110	SUITE 110

City & State	City & State
WELLINGTON FL	WELLINGTON FL

Zip	Country	Zip	Country
33414		33414	

4. FEI Number	Applied For
<b>65-0982846</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>HOLLY CHANEY - BERKSHIRE HALIFAX</b> 12230 FOREST HILL BLVD. SUITE 120 WELLINGTON FL 33414 US	Name <b>HOLLY CHANEY - BERKSHIRE HALIFAX</b> Street Address (P.O. Box Number is Not Acceptable) <b>12230 FOREST HILL BLVD.</b> SUITE 110 City <b>WELLINGTON FL</b> Zip Code <b>33414</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.

SIGNATURE **HOLLY A. CHANEY** 07/18/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANEY HOLLY A 12230 FOREST HILL BLVD. #110 WELLINGTON FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN KENNETH E 12230 FOREST HILL BLVD. WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS ROBERT A 12230 FOREST HILL BLVD. #110 WELLINGTON FL 33414 <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
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 exemption stated in Section 119.07(3)(i), 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: **HOLLY A. CHANEY** MGR 07/18/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)