


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000009069 1. Entity Name BERG, PAINTER & BRYANT, LLC	
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Principal Place of Business % CHARLES BERG ENTERPRISES, INC. 1220 NW 53RD AVENUE GAINESVILLE, FL 32653	Mailing Address % CHARLES BERG ENTERPRISES, INC. 1220 NW 53RD AVENUE GAINESVILLE, FL 32653
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02062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3637932	Applied For 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 CHARLES BERG ENTERPRISES 1220 NW 53RD AVENUE GAINESVILLE, FL 32653	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000042749
02/10/04-80037-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, CHARLES W 1220 NW 53RD AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAINTER, JAMES F 2425 NE 19TH DRIVE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles W. Berg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 2-6-04 Daytime Phone # _____