

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90047 024 \*\*\*\*50.00

DOCUMENT # M03000002144			
1. Entity Name <b>BERG WHOLESALE HARDWARE FLORIDA, LLC</b>			
Principal Place of Business <b>19820 SW TETON TUALATIN, OR 97062</b>		Mailing Address <b>19820 SW TETON TUALATIN, OR 97062</b>	
2. Principal Place of Business <b>110 Pineda St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 3050</b> Suite, Apt. #, etc.	
City & State <b>Longwood FL</b>		City & State <b>Tualatin OR</b>	
Zip <b>32750</b>		Country <b>USA</b>	
Zip <b>32750</b>		Country <b>USA</b>	
4. FEI Number <b>14-1867945</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BARKLEY, PATRICIA 754 FLEET FINANCIAL CT. #200 LONGWOOD, FL 32750</b>		7. Name and Address of New Registered Agent Name <b>Catherine Marshall</b> Street Address (P.O. Box Number is Not Acceptable) <b>110 Pineda St</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32750</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 <u><i>Catherine L. Marshall</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERG, ARTHUR 45740 AUSTIN HWY. FALLON, NV 89406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MICK, CATHERINE 0918 SW COMUS PORTLAND, OR 97219	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
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: <u><i>Catherine Mick</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>08/31/05</u> Daytime Phone # <u>503-454-5454</u>	