


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000093475**  
1. Entity Name  
BERNEY & DUBOFF CPAS, PL



Principal Place of Business 9700 SOUTH DIXIE HIGHWAY SUITE 500 MIAMI, FL 33156	Mailing Address 9700 SOUTH DIXIE HIGHWAY SUITE 500 MIAMI, FL 33156
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-2065422	Applied For 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

BERNEY, ROBERT  
9700 SOUTH DIXIE HIGHWAY  
SUITE 500  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GP BERNEY, ROBERT 9700 SOUTH DIXIE HIGHWAY #500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GST DUBOFF, JAY 9700 SOUTH DIXIE HIGHWAY #500 MIAMI, FL 33156
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U00000780641  
01/15/08-80004-003 138.75

**DO NOT WRITE  
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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 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: Robert Berney      1/8/08      305-670-3003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #