



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90100 013 ***143.75

DOCUMENT # L05000008363					
1. Entity Name BERRY-GEORGIA, LLC					
Principal Place of Business 2520 SAND MINE ROAD DAVENPORT, FL 33897 US			Mailing Address PO BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMMONS, ROBERT O 1556 6TH STREET SE WINTER HAVEN, FL 33880			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, JACK M		NAME		
STREET ADDRESS	5354 ISLEWORTH COUNTRY CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRMP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVERS, DANIEL J		NAME		
STREET ADDRESS	2520 SAND MINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Daniel J. Devers		Date: 4/15/08 (863)420-6699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					