

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 22, 2008  
Secretary of State**

DOCUMENT# M01000000314

Entity Name: BERMAR HOLDINGS, LLC

**Current Principal Place of Business:**

142 LOST BRIDGE DR.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

142 LOST BRIDGE DR.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 91-2095178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HALPERN, MARCIA  
142 LOST BRIDGE DR.  
PALM BEACH GARDENS, FL 33410      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: HALPERN, MARCIA  
Address: 142 LOST BRIDGE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: MATOS, BERNARD  
Address: 805 HUMMINGBIRD WAY 5D  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCIA HALPERN

MGRM

05/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date