


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000004020


1. Entity Name
 BERMAN HOPKINS WRIGHT & LAHAM, LLC



Principal Place of Business
 8035 SPYGLASS HILL ROAD
 MELBOURNE, FL 32940

Mailing Address
 8035 SPYGLASS HILL ROAD
 MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4128332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, JOHN
 8035 SPYGLASS HILL ROAD
 MELBOURNE, FL 32940

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: John R. Hopkins DATE: 2-6-08

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	MGRM HOPKINS, JOHN 8035 SPYGLASS HILL ROAD MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, JAMES 8035 SPYGLASS HILL ROAD MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAHAM, JAMES 8035 SPYGLASS HILL ROAD MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITLEY, ROSS 8035 SPYGLASS HILL ROAD MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000821353
 02/19/08-80021-003 138.75

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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: John R. Hopkins DATE: 2-6-08 DAYTIME PHONE #: (321) 757-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #