2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A04000000420

1. Entity Name BERTIN INVESTORS, LLLP



FILED Jan 24, 2007 08:00 AM Secretary of State

Principal Place of Business

173 PALOMA DRIVE CORAL GABLES, FL 33143 Mailing Address

173 PALOMA DRIVE CORAL GABLES, FL 33143



01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-0873277 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, STE. 125 CORAL GABLES, FL 33146

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The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent.	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Sgnabure, typed or portion name of registered agent and bits if applicable.	DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	01/26/07-80026-013 500.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.		

NOTE: General Partners MAY NOT be changed on the		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT / NAME	L04000016528 BHK, LLC	
STREET ADDRESS	173 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS		

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14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute his report as required by Chapter 620, Florida Statutes

SIGNATURE

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

1/20/07

Daytime Phone #