## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # A01000001296

1. Entity Name BERCAS LIMITED PARTNERSHIP



**FILED** Apr 24, 2007 08:00 Al Secretary of State

Principal Place of Business

6900 N.W. 52ND STREET MIAMI, FL 33166

Mailing Address

6900 N.W. 52ND STREET MIAMI, FL 33166



DO NOT WRITE IN THIS SPACE

04302007 No Chg-LP CR2E003 (12/06)

4. FEI Number		Applied For
62-1870809		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	5 Additional quired

6. Name and Address of Current Registered Agent

CASERTA, BERNARD

## DO NOT WRITE

MIAMI, FL	33166	IN THIS SPACE
the obligat	named entity submits this statement for the purpose of changing ions of registered agent.	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$	
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed o	ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. n the form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	1
DOCUMENT #	CARER INVESTMENTS INC	
NAME STREET ADDRESS	CABER INVESTMENTS INC. 6900 N.W. 52ND STREET	
CITY-ST-ZIP	MIAMI, FL 33166	000000729808
DOCUMENT /		05/08/07-80014-010 650.00
NAME STREET ADDRESS		many the second of the second
CITY-ST-ZIP		
DOCUMENT #		The first of the second of the
NAME STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WALLE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		Con San Service Control of the Contr
NAME STREET ADDRESS		
CITY-ST-ZIP		graphication of the control of the c
DOCUMENT #		- Xarren arrest & and arrest a

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

2 5 7 7 1

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP