


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

500

DOCUMENT # A01000001296

1. Entity Name
BERCAS LIMITED PARTNERSHIP



Principal Place of Business 6900 N.W. 52ND STREET MIAMI, FL 33166	Mailing Address 6900 N.W. 52ND STREET MIAMI, FL 33166
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FILED
 08 JUL 21 PM 3: 00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

07162008 No Chg-LP CR2E003 (12/06)

4. FEI Number 62-1870809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

07/24/08--01032--020 **650.00
 600133399026
 07/24/08--01032--020 **650.00

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	CABER INVESTMENTS INC.
STREET ADDRESS	6900 N.W. 52ND STREET
CITY - ST - ZIP	MIAMI, FL 33166
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

\$77/22

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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

SIGNATURE: *BK Caserta*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-11-08
 Date

Daytime Phone #

STATE OF FLORIDA