

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001437

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** BERRIN FAMILY LTD.

**Current Principal Place of Business:**

4601 PONCE DELEON BLVD., STE. 300  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4601 PONCE DELEON BLVD., STE. 300  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 26-6941257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLASSER, GENE K  
ABRAMS ANTON P.A.  
100 WEST CYPRESS CREEK ROAD - STE 700  
FT LAUDERDALE, FL 33309 US

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

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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: BERRIN, ROBERT G  
Address: 4601 PONCE DELEON BLVD., STE. 300  
City-St-Zip: CORAL GABLES, FL 33146

Document #:

Name: BERRIN, FRANCYN T  
Address: 4601 PONCE DELEON BLVD., STE. 300  
City-St-Zip: CORAL GABLES, FL 33146

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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

SIGNATURE: ROBERT G. BERRIN

GP

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date