


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 12, 2008**

**DOCUMENT # A04000000420**

1. Entity Name  
**BERTIN INVESTORS, LLLP**



Principal Place of Business <b>173 PALOMA DRIVE CORAL GABLES, FL 33143</b>	Mailing Address <b>173 PALOMA DRIVE CORAL GABLES, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
08 JUL 18 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07082008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-0873277</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

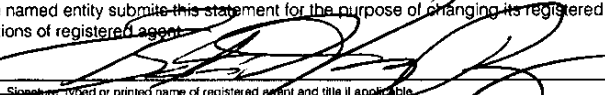
6. Name and Address of Current Registered Agent

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

**Bertin H. Pérez  
173 Paloma Dr.  
Coral Gables, FL  
33129**

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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:  DATE: July 8, 2008

**FILE NOW!!! FEE IS \$900.00  
On or after September 12, 2008, Fee will be \$1000.00**

**300133399703  
07/24/08--01031--030 \*\*900.00**

**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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L04000016528
NAME	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-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE: July 8, 2008 DAYTIME PHONE #: 305-392-6995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE