2002 UNIFORM BUSINESS REPOR	Γ(UE	3R	
-----------------------------	----	----	----	--

DOCU 1. Entity Nam		0000980			FILED	
BERRY	HOLDINGS, LTD.			02 MA	R21 PM 4: 03'	
Principal Place of Business Mailing Address 1351 N.W. 22ND STREET 1351 N.W. 22ND STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069		9		TARY OF STATE HASSEE, FLORIDA		
2. Principal P	Place of Business	3. Mailing Address	- P			
Suite, Apt. #, etc. Suite, Apt. #, etc. PMB # 16:		DUE DV MAN 4 ARRO		Y 1, 2002		
City & State City & State		ees Cees	4. FEI Number 65-0754482 Applied For Not Applied For			
Zip	Country	Zip 33073	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Reg	istered Agent	
Saxon, Kyle R 169 East Flagler Street, Suite 1700		Name Street Address (P.O. Box Number is Not Acceptable)				
MIAM! FL	•					
MERCHIC			City		FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florid	a.	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.			DATE	
9. Capital Co as Shown		10. Amount of Capital (in FLORIDA to date	Contributions a. \$ 2,300		PAYABLE TO DEPT. OF STATE SIDE FOR FEE INFORMATION	
				TERED AND ACTIVE WITH THIS nt must be filed to change a gene		
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANG	GES ONLY	
DOCUMENT # NAME	P97000039111 DAVIS & SCARBROUGH, INC.		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1351 N.W. 22ND STREET POMPANO BEACH FL 33069	:	CITY-ST-ZIP			
DOCUMENT # NAME		v .s ess	STREET ADDRESS	2000051 -04/04/(0201021006	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	****526	5.25 ****526.25	
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT / NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
NAME		i	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT# NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST~ZIP	27/04/201		
indicated	certify that the information supplied with on this report is true and accurate and t wer or trustee empowered to execute this	hat my signature shall have the	same legal effect as if	ection 119.07(3)(i), Florida Statutes. I fui made under oath; that I am a General Pa -	ther certify that the information artner of the limited partnership or	

STAPLE CHECK HERE