


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000000980 1. Entity Name BERRY HOLDINGS, LTD.	
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Principal Place of Business 7068 NW 70TH MANOR PARKLAND, FL 33067	Mailing Address 7068 NW 70TH MANOR PARKLAND, FL 33067
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

FILED
 07 JUN 26 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02132007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0754482	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIAMOND, BARRY 9728 WEST SAMPLE RD CORAL SPRINGS, FL 30065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000039111	STREET ADDRESS	
NAME	DAVIS & SCARBROUGH, INC.	CITY-ST-ZIP	
STREET ADDRESS	7068 NW 70TH MANOR		
CITY-ST-ZIP	PARKLAND, FL 33067		
DOCUMENT #		STREET ADDRESS	700105875857
NAME		CITY-ST-ZIP	07/10/07--01045--018 **\$500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Scott Davis **SCOTT DAVIS** 4/30/07 954-240-1641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #