2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

FILED Mar 21, 2008 08:00 Al DOCUMENT-#-A9700000980 **Secretary of State** BERRY HOLDINGS, LTD. Principal Place of Business Mailing Address 7068 NW 70TH MANOR 7068 NW 70TH MANOR PARKLAND, FL 33067 PARKLAND, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 02052008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0754482 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAMOND, BARRY Street Address (P.O. Box Number is Not Acceptable) 9728 WEST SAMPLE RD CORAL SPRINGS, FL 30065 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P97000039111 DOCUMENT # STREET ADDRESS DAVIS & SCARBROUGH, INC. NAME STREET ADDRESS 7068 NW 70TH MANOR CITY-ST-ZIP CITY-ST-ZIP PARKLAND, FL 33067 DOCUMENT # STREET ADDRESS NAME U000000866579 STREET ADDRESS 04/08/08-80035-001 500.00 CiTY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Ffurther 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

City-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-78P

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #