

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000980

1. Entity Name
BERRY HOLDINGS, LTD.



FILED
03 MAR -4 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6574 N. STATE ROAD 4. PMB #163
COCONUT CREEK FL 33073

Mailing Address
6574 N. STATE ROAD 4. PMB #163
COCONUT CREEK FL 33073



2. Principal Place of Business
6574 N. STATE RD 7

3. Mailing Address
6574 N. STATE RD 7

Suite, Apt. #, etc.
PMB # 163

Suite, Apt. #, etc.
PMB # 163

City & State
COCONUT CREEK, FL

City & State
COCONUT CREEK, FL

DUE BY MAY 1, 2003

4. FEI Number 65-0754482

Applied For
Not Applicable

Zip
33073

Country

Zip
33073

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAXON, KYLE R
169 EAST FLAGLER STREET, SUITE 1700
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$2,300,843.00

10. Amount of Capital Contributions
in FLORIDA to date. 2,300,843.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME DAVIS & SCARBROUGH, INC.
STREET ADDRESS 1351 N.W. 22ND STREET
CITY-ST-ZIP POMPANO BEACH FL 33069

STREET ADDRESS

CITY-ST-ZIP

900013523779

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
VIRGIL D. SCARBROUGH 2/27/2003 954 341-8212

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE