

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

DOCUMENT # **A98000001879**

1. Entity Name

BERNSTEIN GROUP, LTD.



**FILED**

**Apr 27, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E003 (10/06)

Principal Place of Business		Mailing Address	
<b>JACK BERNSTEIN</b> 1666 KENNEDY CSWY., STE. #208 NORTH BAY VILLAGE FL 33141		<b>12 LA GORCE CIRCLE</b> MIAMI BEACH FL 33141-4520	
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
		<b>4. FEI Number</b> <b>65-0861460</b>	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BERNSTEIN, JACK</b> <b>12 LA GORCE CIRCLE</b> <b>MIAMI BEACH FL 33141-4520</b>		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	P98000068436	STREET ADDRESS	
NAME	JACAUD, INC.	CITY-ST-ZIP	
STREET ADDRESS	12 LA GORCE CIRCLE		
CITY-ST-ZIP	MIAMI BEACH FL 33141		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U000000738976
NAME		CITY-ST-ZIP	05/14/07-80007-003-500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:

*Audrey L. Bernstein* Audrey L. Bernstein 4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #