SIGNATURE:

PALM BEACH YAC

FILED Jul 30, 2002 8:00 am Secretary of State

05-28-2002 91532 029 ***150.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L00000001512 BOCUMENT # BERMAN FAMILY L.L.C. DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Piece of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. 4, etc. Applied For City & State City & State 58-2649793 Not Applicable \$5.00 Additional Country Z'n Zio 5. Certificate of Status Dealred 7. Name and Address of Current Registered Agent 158RMA1 DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE CEDERAL Zip Code 3346 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 S)GNATURE Signature. Nysed or princed name of reges FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS BERMAD - MGR TITLE πηξΕ 3560 3, OCEAD BLVD#807 NAME HAME STREET ADDRESS STREET ADDRESS LM BEACH FL 33408 CTY-57-27 CITY - 51 - 21P BERMAD - MG1 1171.6 TITLE NAME 2758 RHONE DR HAME STREET ADDRESS STREET ADDRESS CITY ST-ZP CITY-ST-ZIF TITLE IME si mac HAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-SIL 72 CITY - ST-ZIP IN THIS SPACE MAME MAME STREET ADORESS STREET ADDRESS CITY - ST- ZIP CITY-51-21P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C117 - ST - ZP DITY-ST- AP TITLE MALA HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby cereby that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further cereby 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 managing member or manager of the limited flability company or the receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 561 588 9911

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PALM BEACH YACHT CEN

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609-601; 2517 11021U

FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State

June 3, 2002

BERMAN FAMILY L.L.C. 7848 SO, FEDERAL HIGHWAY HYPOLUXO, FL 33462

Subject: BERMAN FAMILY L.L.C.

Reference Number:

L00000001512

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



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91-MAYS LANDING-SOMERS POINT-ROAD, SOMERS POINT, NJ. 08244 (609)601-2670 • FAX (609)601-2617 • E-MAIL-FJL91@aol

#L0000001512

► July 25, 2002

Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Re: Berman Family, LLC E.I.N: 58-2649793

Dear Sirs 🚁

Enclosed is various information forwarded to this office in response. I believe everything has now been completed and if you require any additional information please contact me.

Very truly yours

Francis Lamb, Cl