2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002977

Entity Name

BERIT MANAGEMENT CO., LLC

Principal Place of Business

Mailing Address

1512 SOUTHWIND CT. CASSELBERRY, FL 32707 1512 SOUTHWIND CT. CASSELBERRY, FL 32707 FILED Apr 21, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3601556

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, THOMAS W 1512 SOUTHWIND CT. CASSELBERRY, FL 32707

TITLE

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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	(NOTE Registered	d Agent signature required when reinstating) DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		000000911001 05/07/08-80020-020 138.75
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CHY+S1-ZIP	MGR EDWARDS, THOMAS W 1512 SOUTHWIND CT CASSELBERRY, FL 32707		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling does not quality 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date CC

Dayrisme Phone # 1553