


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000018614

1. Entity Name
 BERMAN, CLARK, FOYT, HERNANDO, HORVATH,
 PHILIPPEAUX AND ASSOCIATES, LLC



Principal Place of Business 7300 N KENDALL DR #740 MIAMI, FL 33156	Mailing Address 7300 N KENDALL DR #740 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3054481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
 1111 LINCOLN RD
 SUITE 400
 MIAMI BEACH, FL 33139

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, ROCHELLE CFP 7300 N KENDALL DR #740 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, CARROLL T JR. 7300 N KENDALL DR #740 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDO, FRANCISCO CFP 7300 N KENDALL DR #740 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORVATH, MIGUEL 7300 N KENDALL DR #740 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILIPPEAUX, JAMES 7300 N KENDALL DR #740 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOYT, JOHN 7300 N KENDALL DR # 740 MIAMI, FL 33156

U00000743957
 05/15/07-80130-004 50.00

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11. 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 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.

SIGNATURE: _____ *[Signature]* _____ *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date *04/27/07* Daytime Phone # _____