## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## May 01, 2008 8:00 am Secretary of State DOCUMENT # L03000032652 05-01-2008 90023 046 \*\*\*138.75 1. Entity Name BERNICE, LLC 60036929 Principal Place of Business Mailing Address 201 S. MONROE ST 201 S. MONROE ST SUITE 501 SUITE 501 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 CR2E083 (12/07) 03262008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-6546143 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATEMAN, FREDERICK L JR DO NOT WRITE 300 EAST PARK AVENUE TALLAHASSEE, FL 32301 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 a Signature, typed or printer (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable FILE NOW!!! FEE \$ \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** TITLE BATEMAN, FREDERICK L JR NAME 300 EAST PARK AVENUE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 MGR TITLE YORDON, GARY NAME 300 EAST PARK AVENUE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED