2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000042061

1. Entity Name
BERRY MANAGEMENT COMPANY, LLC

Principal Place of Business	Mailing Address
2520 SAND MINE ROAD DAVENPORT, FL 33897	P.O .BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725

DO NOT WRITE IN THIS SPACE

03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0351156

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLOYD, THOMAS C
2520 SAND MINE RD
DAVENPORT, FL 33897

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRP
NAME	DEVERS, DANIEL J
STREET ADDRESS	2520 SAND MINE ROAD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	VP
NAME	GRAUER, BENJAMIN
STREET ADDRESS	2520 SAND MINE ROAD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	ST
NAME	FONTENOT, SCOTT
STREET ADDRESS	2520 SAND MINE ROAD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80079-010 143.75

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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: Scott Fontenot 4/8/08 863-420-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #