2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000048379

1. Entity Name
BERMAELA, L.L.C.

Principal Place of Business	Mailing Address
3301 PONCE DE LEON BLVD, STE 210 CORAL GABLES, FL 33146	3301 PONCE DE LEON BLVD, STE 210 CORAL GABLES, FL 33146

02272005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0447286
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SASSO, PAUL R ESQ
7721 SW 62 AVE, STE 202
SOUTH MIAMI, FL 33143

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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, type or print the name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	M.J.G. OF SOUTH FLORIDA, INC.
STREET ADDRESS	3301 PONCE DE LEON BLVD, STE 210
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	E.J.G. OF SOUTH FLORIDA, INC.
STREET ADDRESS	3301 PONCE DE LEON BLVD, STE 210
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	CRIMCOV OF AMERICA, INC.
STREET ADDRESS	3301 PONCE DE LEON BLVD, STE 210
CITY-ST-ZIP	CORAL GABLES, FL 33134
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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04/19/05-80033-015 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ MARIA J. GIRONDO 04/12/05 305-985 1547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #