


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000048379</b> 1. Entity Name BERMAELA, L.L.C.	
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Principal Place of Business 3301 PONCE DE LEON BLVD, STE 210 CORAL GABLES, FL 33146	Mailing Address 3301 PONCE DE LEON BLVD, STE 210 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**

04282006 No Chg-LLC

CR2E083 (11/05)

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

**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 Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

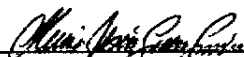
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M.J.G. OF SOUTH FLORIDA, INC. 3301 PONCE DE LEON BLVD, STE 210 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM E.J.G. OF SOUTH FLORIDA, INC. 3301 PONCE DE LEON BLVD, STE 210 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIMCOV OF AMERICA, INC. 3301 PONCE DE LEON BLVD, STE 210 CORAL GABLES, FL 33134
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05/17/06-80138-015 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**



MARIA J. GIRARDO

04/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #