2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L04000024714

Entity Name: BROTHER'S BERMAN, LLC

Current Principal Place of Business:

1585 PINE RIDGE ROAD
#5
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1585 PINE RIDGE ROAD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 16-1696349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUME, CRAIG D ESQ.
5801 PELICAN BAY BLVD.
SUITE 103
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BERMAN, MATTHEW D
Address: 5355 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Delete
Name: BERMAN, SETH
Address: 4560 5TH AVE. SW
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete
Name: BERMAN, CARRIE L
Address: 5355 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARRIE L. BERMAN S 01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date