2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000049532

1. Entity Name

BERNSTEIN REALTY LLC



FILED
Jan 29, 2007 08:00 AM
Secretary of State

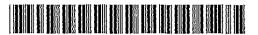
Principal Place of Business

P. O. BOX 810664 BOCA RATON, FL 33481

SIGNATURE:

Mailing Address

P. O. BOX 810664 BOCA RATON, FL 33481



01052007 No Chg-LLC

CR2E083 (11/05)

(T61) 350-6774

Daytime Phone #

4. FEI Number	 	Applied For
20-1348457		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERMAN MOSKOWITZ CPA, PA 3850 HOLLYWOOD BLVD SUITE 204 HOLLYWOOD, FL 33021

DO	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or t	polin, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or pential name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Filling Fee is \$50,00				
	ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNSTEIN, STEVEN E P.O. BOX 810664 BOCA RATON, FL 334810664		1000000000000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			00000608864 02/01/07-80027-009 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this filling does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter hall have the same legal effect as if made under cute this report as required by Chapter 608, Flo	119, Florida Statutes. I further certify that the information oath, that I am a managing member or manager of the rida Statutes.	

MANAGER

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