

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051364

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BERRY INTERSTATE, LLC

**Current Principal Place of Business:**

2520 SAND MINE ROAD  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 725  
ATTN: KATHY MCDANIEL  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLOYD, THOMAS C  
2520 SAND MINE ROAD  
DAVENPORT, FL 33897 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: MGRM ( ) Delete  
Name: BERRY, JACK M  
Address: 5354 ISLEWORTH COUNTRY CLUB DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: DEVERS, DANIEL J  
Address: 2520 SAND MINE ROAD  
City-St-Zip: DAVENPORT, FL 33897

Title: P ( ) Delete  
Name: DEVERS, DANIEL J  
Address: 2520 SAND MINE RD  
City-St-Zip: DAVENPORT, FL 33897

**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: JACK M BERRY JR

MR

01/16/2009

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