FILED
May 21, 2007 8:00 am
Secretary of State

04-26-2007 90034 006 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

DOCUMENT # L05000088485

1. Entity Name
BERNSTEIN-GLADES, LLC

30008463

Principal Place of Business	Mailing Address
7226 AYRSHIRE LANE BOCA RATON, FL 33496 US	~~7226 AYRSHIRE LANE~~ ~~BOCA RATON~~, FL 33496 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		101 Marietta Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite #3175	
City & State		City & State Atlanta GA	
Zip	Country	Zip 30303	Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-2592006

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNSTEIN, HOWARD 7226 AYRSHIRE LANE BOCA RATON, FL 33496	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, HOWARD 7226 AYRSHIRE LANE BOCA RATON, FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, MAXINE 7226 AYRSHIRE LANE BOCA RATON, FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, CRAIG 7226 AYRSHIRE LANE BOCA RATON, FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [illegible] 5/15 404-751-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

property manager