

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000093394 1. Entity Name BERRY AVENUE, LLC					
Principal Place of Business PO BOX 2970 STUART, FL 34995			Mailing Address PO BOX 2970 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3512750	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY FOURTH FL STUART, FL 34994					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOUGHERTY, JEFFREY PO BOX 2970 STUART, FL 34995	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BASHANT, SR., GERALD W. P O BOX 2970 STUART, FL 34995
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KNOTT, PAMELA 6301 SE FED HWY STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <div style="text-align: center;"> 200113158332 12/14/07--01047--006 **50.00 </div>
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> 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:  <div style="float: right; text-align: right;"> MANAGER Date _____ Daytime Phone # _____ </div>					

FILED

2007 DEC 12 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11302007 Chg-LLC CR2E083 (12/06)