2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098079

1. Entity Name BERNARD MALY, LLC

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

Principal Place of Business

Mailing Addrage

752 SAWGRASS BRIDGE RD VENICE, FL 34292 752 SAWGRASS BRIDGE RD VENICE, FL 34292



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	·		Applied For
51-0557786			Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALY, VICTORIA B 752 SAWGRASS BRIDGE RD VENICE, FL 34292

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of chan tions of registered agent.	nging its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered	Agent signature required when reinstating) DATE
FI	iling Fee is \$50.00 ue by May 1, 2007		U00000578400 01/09/07-80025-025 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALY, BERNARD 752 SAWGRASS BRIDGE RD VENICE, FL 34292		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALY, VICTORIA B 752 SAWGRASS BRIDGE RD VENICE, FL 34292		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE Name Street Address City-St-Zip			IN THIS SPACE
TITLE NAME Street Address City-St-Zip			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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.

BERNARDMALY MGR.