

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000103237</b>	
1. Entity Name <b>CASEBERRY BELL INVESTMENTS, LLC</b>	
Principal Place of Business <b>4112 OX BOW DRIVE COCONUT CREEK, FL 33073</b>	Mailing Address <b>4112 OX BOW DRIVE COCONUT CREEK, FL 33073</b>



02252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>87-0761114</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ROBERT J. DORN, P.A.  
7815 WEST COMMERCIAL BLVD  
TAMARAC, FL 33351**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERMAN, RICHARD A 4112 OX BOW DRIVE COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERMAN, LOUIS J 9105 NW 32 PLACE SUNRISE, FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERMAN, MATTHEW C 9171 VINEYARD LAKE DRIVE PLANTATION, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERMAN, ANDREW J 3721 SW 33 AVENUE HOLLYWOOD, FL 33023</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERMAN, LAURA C 7341 ATLANTA STREET HOLLYWOOD, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000841426  
03/10/08-80017-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**2/25/08 (954) 520-2694**  
Date Daytime Phone #