


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90019 049 \*\*\*138.75

<b>DOCUMENT # L06000109447</b> 1. Entity Name <b>BERGER CAPRICE, LLC</b>	
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Principal Place of Business <b>1744 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179</b>	Mailing Address <b>1744 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179</b>
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2. Principal Place of Business - No P.O. Box # <b>1698 NE 164th St</b>	3. Mailing Address <b>1698 NE 164th St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>N. Miami Beach</b>	City & State <b>N. Miami Beach, FL</b>
Zip <b>33162</b>	Zip <b>33162</b>
Country	Country



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8806291</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BERGER, ERIC 5507 N. MILITARY TRAIL BOCA RATON, FL 33496</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGER, ANITA 21205 YACHT CLUB DRIVE #2704 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, ERIC 5507 N. MILITARY TRIAL #402 BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:**

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

Date

Daytime Phone #

*x Eric H Berger*  
*x 4/30/08*