2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006854

Name:

Address:

City-St-Zip:

BEAUDION, MIKE

2590 N. BEACH ROAD, UNIT 1000

ENGLEWOOD, FL 34223 US

Entity Name: BERMONT PARTNERS, LLC

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1133 BAL HARBOR BLVD. **SUITE 1169** PUNTA GORDA, FL 33950 US **New Mailing Address: Current Mailing Address:** 1133 BAL HARBOR BLVD. **SUITE 1169** PUNTA GORDA, FL 33950 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEHR, LOVINA 1133 BAL HARBOR BLVD. **SUITE 1169** PUNTA GORDA, FL 33950 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROBINSON, C A Name: Name: Address: 1410 N. CULLEN AVE. Address: City-St-Zip: EVANSVILLE, IN 47715 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LEHR, LOVINA Name: Address: 1133 BAL HARBOR BLVD. Address: City-St-Zip: PUNTA GORDA, FL 33950 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BEAUDION, DAN Name: Name: 2590 N. BEACH ROAD, UNIT 1000 Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LOVINA LEHR MGR 02/16/2009