

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006854

FILED  
Mar 14, 2010  
Secretary of State

Entity Name: BERMONT PARTNERS, LLC

## Current Principal Place of Business:

1133 BAL HARBOR BLVD.  
SUITE 1169  
PUNTA GORDA, FL 33950 US

## Current Mailing Address:

1133 BAL HARBOR BLVD.  
SUITE 1169  
PUNTA GORDA, FL 33950 US

## New Principal Place of Business:

1133 BAL HARBOR BLVD.  
SUITE 1139  
PUNTA GORDA, FL 33950 US

## New Mailing Address:

1133 BAL HARBOR BLVD.  
SUITE 1139  
PUNTA GORDA, FL 33950 US

FEI Number: 26-1785548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEHR, LOVINA  
1133 BAL HARBOR BLVD.  
SUITE 1169  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

LEHR, LOVINA  
1133 BAL HARBOR BLVD.  
SUITE 1139  
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:

03/14/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: ROBINSON, C A  
Address: 1410 N. CULLEN AVE.  
City-St-Zip: EVANSVILLE, IN 47715 US

Title: MGRM  
Name: LEHR, LOVINA  
Address: 1133 BAL HARBOR BLVD.  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM  
Name: BEAUDION, DAN  
Address: 2590 N. BEACH ROAD, UNIT 1000  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM  
Name: BEAUDION, MIKE  
Address: 2590 N. BEACH ROAD, UNIT 1000  
City-St-Zip: ENGLEWOOD, FL 34223 US

I hereby 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.

SIGNATURE: LOVINA LEHR

MS

03/14/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date