2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# M02000002310

Entity Name: BERKLINE, LLC

Current Principal Place of Business:

1 BERKLINE DR.
MORRISTOWN, TN 37819

New Principal Place of Business:

Current Mailing Address:

1 BERKLINE DR.
MORRISTOWN, TN 37819

New Mailing Address:

FEI Number: 75-3000898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: WITTENBERG, C. WILLIAM
Address: 1 BERKLINE DR.
City-St-Zip: MORRISTOWN, TN 37819

Title: MGR (X) Delete
Name: MUSICK, LARRY R
Address: 1 BERKLINE DR.
City-St-Zip: MORRISTOWN, TN 37819

Title: MGR ( ) Delete
Name: ECKARD, DALTHARD M
Address: 1 BERKLINE DR.
City-St-Zip: MORRISTOWN, TN 37819

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GARY R. COX MR 08/16/2007

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