## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 11, 2005 08:00 AM Secretary of State

DOCUMENT # M0400001955  1. Entily Name BERLIN FINANCIAL, LTD. CO.		Secre	tary of State
Principal Place of Business Mailing Address  1325 CARNEGIE AVENUE, THIRD FLOOR CLEVELAND, OH 44114 CLEVELAND, OH 44114 CLEVELAND, OH 44114		. 8514 81811 11115 85111 83111 11111 1111	KL MODO INITI OKNI OHONG III INNI
			8)    <b>                                   </b>
		No Chg-LLC CR	2E083 (10/03)
DO NOT WRITE IN THIS SPA	4. FEI Number 34-185		Applied For Not Applicable
	5. Certificate	of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		- Want of	, , , , , , , , , , , , , , , , , , , ,
BERLIN, THOMAS G C/O BERLIN FINANCIAL, LTD. 460 ARBORVIEW LANE VENICE, FL 34292	DO NOT WRITE IN THIS SPACE		
8. The above named entity stipnits this statement for the purpose of changing its register the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Register	d affice ar negistered agent, or bo Agent signature required when reinstating)	th, în the State of Florida. 1 a	an tamiliar with, and accept
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS  IIILE MGR NAME BERLIN, THOMAS G  STREET ADDRESS 1325 CARNEGIE AVENUE, THIRD FLOOR CITY-ST-ZIP CLEVELAND, OH 44114		U000002996 04/11/05-8011	331 5-025 50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		NOT WRIT	

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and applicate and that my supplier is 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 employees to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #