FILED
Aug 14, 2006 8:00 am
Secretary of State
07-13-2006 90020 030 ****61.25

7/13

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000088

1. Entity Name
BERLIN LEHMAN FUND, INC.

Principal Place of Business	Mailing Address
200 OCEAN LANE DR PA-9 KEY BISCAYNE, FL 33149	200 OCEAN LANE DR PA-9 KEY BISCAYNE, FL 33149

66023055

07092006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
200 OCEAN LANE DR	200 OCEAN LANE DR
Suite, Apt. #, etc.: PA-9	Suite, Apt. #, etc.: PA-9
City & State: KEY BISCAYNE, FL	City & State: KEY BISCAYNE, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. FEI Number: 33-0160740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEHMAN, WILLIAM 200 OCEAN LANE DR PA-9 KEY BISCAYNE, FL 33149	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY-DIRECTOR WILLIAM LEHMAN 200 OCEAN LANE DR. KEY BISCAYNE, FL 33149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT-DIRECTOR TERRY MILLER 3345 NO. 51ST BLVD MILWAUKEE, WI 53216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KENNETH LEHMAN 28 NEWELL RIDGE RD CUMBERLAND, ME 04021 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LAURA DRAY 1211 SEVILLA CORAL GABLES, FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT-DIRECTOR LEONA LEHMAN 200 OCEAN LANE DR KEY BISCAYNE, FL 33149 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TEMP. 207-899-4269

SIGNATURE: WILLIAM LEHMAN 7/8/06 305-345-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #