

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000088

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: BERLIN LEHMAN FUND, INC.

## Current Principal Place of Business:

200 OCEAN LANE DR  
PA-9  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

200 OCEAN LANE DR  
PA-9  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 33-0160740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEHMAN, WILLIAM  
200 OCEAN LANE DR PA-9  
KEY BISCAYNE, FL 33149      US

## Name and Address of New Registered Agent:

LEHMAN, WILLIAM  
200 OCEAN LANE DR  
PA - 9  
KEY BISCAYNE, FL 33149 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:

04/20/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD      ( ) Delete  
Name: LEHMAN, WILLIAM  
Address: 200 OCEAN LN DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD      ( ) Delete  
Name: MILLER, TERRY  
Address: 3345 NORTH 51ST BLVD  
City-St-Zip: MILWAUKEE, WI 53216

Title: D      ( ) Delete  
Name: LEHMAN, KENNETH  
Address: 28 NEWELL RIDGE RD  
City-St-Zip: CUMBERLAND CENTER, ME 04021

Title: D      ( ) Delete  
Name: DRAY, LAURA  
Address: 1221 SEVILLA  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD      (X) Delete  
Name: LEHMAN, LEONA  
Address: 200 OCEAN LN DR  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LEHMAN

SD

04/20/2007

Electronic Signature of Signing Officer or Director

Date