

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000088

FILED
Aug 07, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LEHMAN, WILLIAM SEC-DIR
Address: 200 OCEAN LN DR
City-St-Zip: KEY BISCAYNE, FL 33149

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 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

08/07/2008

Electronic Signature of Signing Officer or Director

Date