# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**
**Feb 11, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # Z00069

1. Entity Name

BERNEL ASSOCIATES, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 752 W. FLAGLER ST<br>MIAMI FL 33130 | 752 W. FLAGLER ST<br>MIAMI FL 33130 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

1st MOORE CR2E083 (10/07)

4. FEI Number 65-0088963 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KLOTZ, MARIANN<br>752 WEST FLAGLER ST., #105<br>MIAMI FL 33130 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008, Fee Will Be $538.75**
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE | M ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | FRANK, LESTER H. | NAME | |
| STREET ADDRESS | 752 WEST FLAGLER STREET, SUITE 105 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33130 | CITY-ST-ZIP | |
| TITLE | M ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | FRANK, BERNICE E. | NAME | |
| STREET ADDRESS | 752 WEST FLAGLER STREET, SUITE 105 | STREET ADDRESS | U00000824226 |
| CITY-ST-ZIP | MIAMI FL 33130 | CITY-ST-ZIP | 02/20/08-80069-015 138.75 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Mariann Klotz 2/8/08 305 545 8927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #