

September 7, 2006

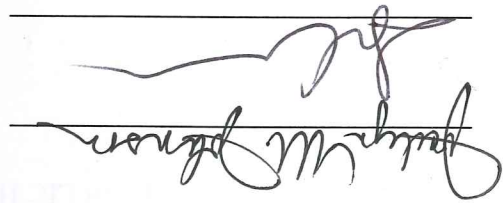
JAKE BERNSTEIN IRREVOCABLE TRUST

FOR THE

TRUST AGREEMENT

Executed as of the date first written above.

Signed in the presence of:



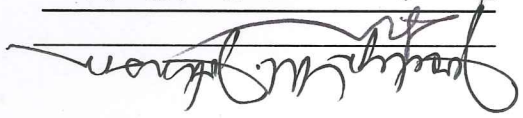
Two witnesses as to Simon Bernstein

SETTLOR

Simon Bernstein



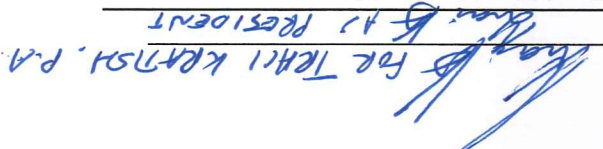
Signed in the presence of:



Two witnesses as to Tracy Kratish

TRUSTEE

Traci Kratish, P.A.


FOR TRACI KRATISH, P.A.
TRACI KRATISH, P.A. PRESIDENT

Traci Kratish, President

For calendar year 2006 or fiscal year beginning _____, 2006 and ending _____, 2006 and ending _____ OMB No. 1545-0092

- A** Type of entity:
- Decedent's estate
 - Simple trust
 - Complex trust
 - Qualified disability trust
 - ESBT (S portion only)
 - Grantor type trust
 - Bankruptcy estate-Ch. 7
 - Bankruptcy estate-Ch. 11
 - Pooled income fund

Name of estate or trust (If a grantor type trust, see page 12 of the instructions.)
JACOB BERNSTEIN IRREVOCABLE TRUST

Name and title of fiduciary
STANFORD TRUST COMPANY, TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.)
445 NORTH BOULEVARD, 8TH FLOOR EAST

City or town, state, and ZIP code
BATON ROUGE, LA 70802

C Employer identification number
20 7294171

D Date entity created
09/01/2006

E Nonexempt charitable and split-interest trusts, check applicable boxes (see pg 13 of the instr.):

- Described in section 4947(a)(1)
- Not a private foundation
- Described in section 4947(a)(2)

B No. of Sch K-1 attached **0**

F Check applicable boxes:

- Initial return
- Final return
- Amended return
- Change in fiduciary
- Change in fiduciary's name
- Change in fiduciary's address

G Pooled mortgage account (see page 14 of the instructions): Bought Sold Date: _____

Income	1	Interest income	1		
	2	a	Total ordinary dividends	2a	
		b	Qualified dividends allocable to: (1) Beneficiaries _____ (2) Estate or trust _____		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3		
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4		
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5		
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6		
	7	Ordinary gain or (loss). Attach Form 4797	7		
	8	Other income. List type and amount _____	8		
9	Total income. Combine lines 1, 2a, and 3 through 8	9			
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10		
	11	Taxes	11		
	12	Fiduciary fees	12		
	13	Charitable deduction (from Schedule A, line 7)	13		
	14	Attorney, accountant, and return preparer fees	14		
	15	a	Other deductions not subject to the 2% floor (attach schedule)	15a	
		b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b	16		
	17	Adjusted total income or (loss). Subtract line 16 from line 9	17		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18		
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20	Exemption	20	100.		
21	Add lines 18 through 20	21	100.		
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions	22	<100.>	
	23	Total tax (from Schedule G, line 7)	23	6,245.	
	24	a	Payments: a 2006 estimated tax payments and amount applied from 2005 return	24a	
		b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
		c	Subtract line 24b from line 24a	24c	
		d	Tax paid with Form 7004 (see page 20 of the instructions)	24d	
		e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
		f	Credit for federal telephone excise tax paid. Attach Form 8913	24f	
	24i	Other payments: g Form 2439 _____ ; h Form 4136 _____ ; Total	24i		
	25	Total payments. Add lines 24c through 24f, and 24i	25		
26	Estimated tax penalty (see page 20 of the instructions)	26			
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	6,245.		
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29	Amount of line 28 to be: a Credited to 2007 estimated tax _____ ; b Refunded _____	29			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date **10/8/07** Check if self-employed Preparer's SSN or PTIN **P00127193**

Firm's name (or yours if self-employed), address, and ZIP code **GOLDSTEIN LEWIN & CO. 1900 N.W. CORPORATE BLVD. STE E-300 BOCA RATON, FL 33431-8502** EIN **59 2147155** Phone no. **(561)994-5050**



STANFORD TRUST COMPANY

445 North Blvd, Suite 820
Baton Rouge, LA 70802

Relationship Manager: Christopher Prindle
Phone #: (561) 544-8300

Administrator: Eliska M. Lynch
Phone #: (225) 381-0542

Cover Page

Statement of Value and Activity

January 1, 2008 - March 31, 2008

Stanford Trust Company Successor
Trustee for The Jake Bernstein
Irrevocable Trust
STBR10050

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Please visit our website @ www.stanfordtrustco.com

Simon Bernstein
950 Peninsula Corp. Circle, Ste 3010
Boca Raton, FL 33487-1387



STANFORD TRUST COMPANY

445 North Blvd, Suite 820
Baton Rouge, LA 70802

Relationship Manager: Christopher Prindle
Phone #: (561) 544-8300

Administrator: Eliska M. Lynch
Phone #: (225) 381-0542

01/17/2008 14:40:25

APT STBR10050

Jake Bernstein Irrevocable Trust

Jake Bernstein

Cover Page

Statement of Value and Activity

October 1, 2007 - December 31, 2007

Stanford Trust Company Successor
Trustee for The Jake Bernstein
Irrevocable Trust
STBR10050

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Please visit our website @ www.stanfordtrustco.com

Jake Bernstein
c/o Simon Bernstein
15807 Menton Bay Ct.
Delray Beach, FL 33446

September 7, 2006

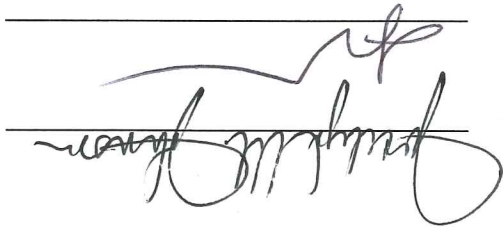
JOSHUA Z. BERNSTEIN IRREVOCABLE TRUST

FOR THE

TRUST AGREEMENT

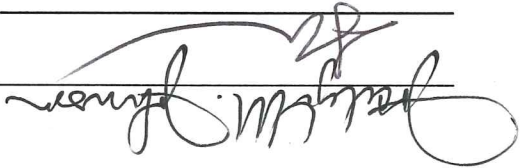
Executed as of the date first written above.

Signed in the presence of:



Two witnesses as to Simon Bernstein

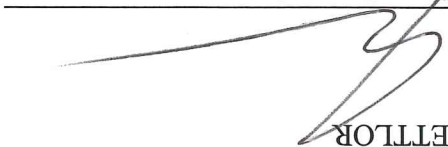
Signed in the presence of:



Two witnesses as to Traci Kratish

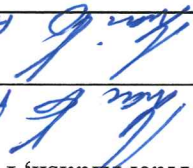
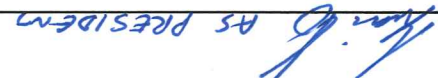
SETTLOR

Simon Bernstein



TRUSTEE

Traci Kratish, P.A.


_____ FOR TRACI KRATISH, P.A.

_____ AS PRESIDENT

Traci Kratish, ~~P.A.~~, President



STANFORD TRUST COMPANY

445 North Blvd, Suite 820
Baton Rouge, LA 70802

Relationship Manager: Christopher Prindle
Phone #: (561) 544-8300

Administrator: Eliska M. Lynch
Phone #: (225) 381-0542

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Statement of Value and Activity

January 1, 2008 - March 31, 2008

Stanford Trust Company Successor
Trustee for The Joshua Z. Bernstein
Irrevocable Trust
STBR10049

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Please visit our website @ www.stanfordtrustco.com

Simon Bernstein
950 Peninsula Corp. Circle, Ste 3010
Boca Raton, FL 33487-1387



STANFORD TRUST COMPANY

445 North Blvd, Suite 820
Baton Rouge, LA 70802

Cover Page

Statement of Value and Activity

October 1, 2007 - December 31, 2007

Stanford Trust Company Successor
Trustee for The Joshua Z. Bernstein
Irrevocable Trust
STBR10049

Relationship Manager: Christopher Prindle
Phone #: (561) 544-8300

Administrator: Eilska M. Lynch
Phone #: (225) 381-0542

Table of Contents

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Please visit our website @ www.stanfordtrustco.com

Josh Bernstein
c/o Simon Bernstein
15807 Menton Bay Ct.
Delray Beach, FL 33446

A Type of entity:
A Decedent's estate
B Simple trust
C Qualified disability trust
D Complex trust
E ESBT (S portion only)
F Grantor type trust
G Bankruptcy estate-Ch. 7
H Bankruptcy estate-Ch. 11
I Pooled income fund
J No. of Sch K-1 attached
K Pooled mortgage account (see page 14 of the instructions):
L Bought Sold Date: _____

Name of estate or trust (if a grantor type trust, see page 12 of the instructions):
JOSH BERNSTEIN IRREVOCABLE TRUST
Name and title of fiduciary:
STANFORD TRUST COMPANY, TRUSTEE
Number, street, and room or suite no. (if a P.O. box, see page 12 of the instructions):
445 NORTH BOULEVARD, 8TH FLOOR EAST
City or town, state, and ZIP code:
BATON ROUGE, LA 70802
F Check applicable boxes:
 Initial return
 Final return
 Amended return
Change in fiduciary's name
Change in fiduciary's address

Income	Deductions	Tax and Payments
1 Interest income	17 Adjusted total income or (loss). Subtract line 16 from line 9	29 Amount of line 28 to be: a Credited to 2007 estimated tax
2 a Total ordinary dividends	16 Add lines 10 through 15b	28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid
b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust	15a Other deductions not subject to the 2% floor (attach schedule)	27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed
3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	14 Attorney, accountant, and return preparer fees	26 Estimated tax penalty (see page 20 of the instructions)
4 Capital gain or (loss). Attach Schedule D (Form 1041)	13 Charitable deduction (from Schedule A, line 7)	25 Total payments. Add lines 24c through 24f, and 24i
5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	12 Fiduciary fees	Other payments: g Form 2439 ; h Form 4136 ; Total
6 Farm income or (loss). Attach Schedule F (Form 1040)	11 Taxes	24f Credit for federal telephone excise tax paid. Attach Form 8913
7 Ordinary gain or (loss). Attach Form 4797	10 Interest. Check if Form 4952 is attached	e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>
8 Other income. List type and amount	9 Total income. Combine lines 1, 2a, and 3 through 8	d Tax paid with Form 7004 (see page 20 of the instructions)
9 Pooled income. Combine lines 1, 2a, and 3 through 8		c Subtract line 24b from line 24a
10 Interest. Check if Form 4952 is attached		b Estimated tax payments allocated to beneficiaries (from Form 1041-1)
11 Taxes		a Payments: a 2006 estimated tax payments and amount applied from 2005 return
12 Fiduciary fees		23 Total tax (from Schedule G, line 7)
13 Charitable deduction (from Schedule A, line 7)		22 Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions
14 Attorney, accountant, and return preparer fees		21 Add lines 18 through 20
15 a Other deductions not subject to the 2% floor (attach schedule)		20 Exemption
b Allowable miscellaneous itemized deductions subject to the 2% floor		19 Estate tax deduction including certain generation-skipping taxes (attach computation)
16 Add lines 10 through 15b		18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)
17 Adjusted total income or (loss). Subtract line 16 from line 9		18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)
18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)		17 Adjusted total income or (loss). Subtract line 16 from line 9
19 Estate tax deduction including certain generation-skipping taxes (attach computation)		16 Add lines 10 through 15b
20 Exemption		15a Other deductions not subject to the 2% floor (attach schedule)
21 Add lines 18 through 20		14 Attorney, accountant, and return preparer fees
22 Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions		13 Charitable deduction (from Schedule A, line 7)
23 Total tax (from Schedule G, line 7)		12 Fiduciary fees
24 Payments: a 2006 estimated tax payments and amount applied from 2005 return		11 Taxes
b Estimated tax payments allocated to beneficiaries (from Form 1041-1)		10 Interest. Check if Form 4952 is attached
c Subtract line 24b from line 24a		9 Total income. Combine lines 1, 2a, and 3 through 8
d Tax paid with Form 7004 (see page 20 of the instructions)		8 Other income. List type and amount
e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>		7 Ordinary gain or (loss). Attach Form 4797
f Credit for federal telephone excise tax paid. Attach Form 8913		6 Farm income or (loss). Attach Schedule F (Form 1040)
Other payments: g Form 2439 ; h Form 4136 ; Total		5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)
24i Total		4 Capital gain or (loss). Attach Schedule D (Form 1041)
25 Total payments. Add lines 24c through 24f, and 24i		3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)
26 Estimated tax penalty (see page 20 of the instructions)		2 a Total ordinary dividends
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed		b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid		
29 Amount of line 28 to be: a Credited to 2007 estimated tax		

Sign Here
Signature of fiduciary or officer representing fiduciary
Date
Signature
Preparer's name (or your name if self-employed), address, and ZIP code
Use Only
Preparer's name (or your name if self-employed), address, and ZIP code
JWA
1900 N.W. CORPORATE BLVD. STE E-300
BOCA RATON, FL 33431-8502
Phone no. (561) 994-5050
EIN 592147155
Preparer's SSN or PTIN P00127193
Date 10/8/07
Check if self-employed
Preparer's SSN or PTIN P00127193
May the IRS discuss this return with the preparer shown below (see instr. 7)?
 Yes No

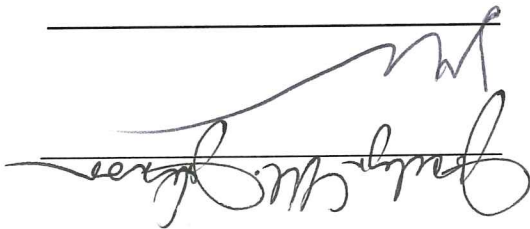
September 7, 2006

DANIEL BERNSTEIN IRREVOCABLE TRUST

FOR THE

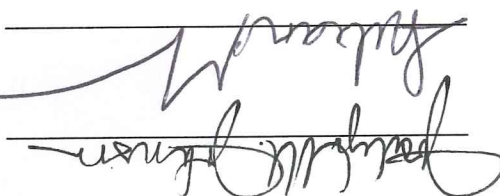
TRUST AGREEMENT

Two witnesses as to Traci Kratish



Signed in the presence of:

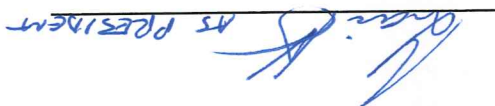
Two witnesses as to Simon Bernstein

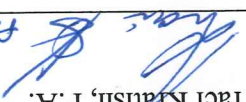


Signed in the presence of:


Executed as of the date first written above.

Traci Kratish, President


Traci Kratish, President

TRUSTEE
Traci Kratish, P.A.

for TRACI KRATISH, P.A.

Simon Bernstein

SETTLOR




STANFORD TRUST COMPANY

445 North Blvd, Suite 820
Baton Rouge, LA 70802

Relationship Manager: Christopher Prindle
Phone #: (561) 544-8300

Administrator: Eliska M. Lynch
Phone #: (225) 381-0542

Cover Page

Statement of Value and Activity

January 1, 2008 - March 31, 2008

Stanford Trust Company Successor
Trustee for The Daniel Bernstein
Irrevocable Trust
STBR10045

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Please visit our website @ www.stanfordtrustco.com

0025708 - 0900127

Simon Bernstein
950 Peninsula Corp. Circle, Ste 3010
Boca Raton, FL 33487-1387



STANFORD TRUST COMPANY

445 North Blvd, Suite 820
Baton Rouge, LA 70802

Relationship Manager: Christopher Prindle
Phone #: (561) 544-8300

Administrator: Eliska M. Lynch
Phone #: (225) 381-0542

Cover Page

Statement of Value and Activity

October 1, 2007 - December 31, 2007

Stanford Trust Company Successor
Trustee for The Daniel Bernstein
Irrevocable Trust
STBR10045

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Please visit our website @ www.stanfordtrustco.com

Daniel Bernstein
c/o Simon Bernstein
15807 Menton Bay Ct.
Delray Beach, FL 33446

A Type of entity: Decedent's estate Simple trust Complex trust Qualified disability trust ESBT (S portion only) Grantor type trust Bankruptcy estate-Ch. 7 Bankruptcy estate-Ch. 11 Pooled income fund

B No. of Sch K-1 attached: 0

F Check applicable boxes: Initial return Final return Amended return Change in fiduciary Change in fiduciary's name Change in fiduciary's address

C Employer identification number: 20 7354918
D Date entity created: 09/01/2006

E Nonexempt charitable and split-interest trusts, check applicable boxes (see pg 13 of the instr.):
 Described in section 4947(a)(1)
 Described in section 4947(a)(2)
 Not a private foundation

Name and title of fiduciary: DANIEL BERNSTEIN IRREVOCABLE TRUST

Number, street, and room or suite no. (if a P.O. box, see page 12 of the instructions): 445 NORTH BOULEVARD, 8TH FLOOR EAST

City or town, state, and ZIP code: BATON ROUGE, LA 70802

Income		Deductions		Tax and Payments	
1	Interest income	21	Add lines 18 through 20	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions
2a	Total ordinary dividends	20	Exemption	23	Total tax (from Schedule G, line 7)
3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	24	Payments: a 2006 estimated tax payments and amount applied from 2005 return
4	Capital gain or (loss). Attach Schedule D (Form 1041)	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	25	Total payments. Add lines 24c through 24f, and 24i
5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	17	Adjusted total income or (loss). Subtract line 16 from line 9	26	Estimated tax penalty (see page 20 of the instructions)
6	Farm income or (loss). Attach Schedule F (Form 1040)	16	Add lines 10 through 15b	27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed
7	Ordinary gain or (loss). Attach Form 4797	15a	Allowable miscellaneous itemized deductions subject to the 2% floor	28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid
8	Other income. List type and amount	15b	Other deductions not subject to the 2% floor (attach schedule)	29	Amount of line 28 to be: a Credited to 2007 estimated tax
9	Total income. Combine lines 1, 2a, and 3 through 8	14	Attorney, accountant, and return preparer fees		
10	Interest. Check if Form 4952 is attached	13	Charitable deduction (from Schedule A, line 7)		
11	Taxes	12	Fiduciary fees		
12		11			
13		10			
14		9			
15a		8			
15b		7			
16		6			
17		5			
18		4			
19		3			
20		2a			
21		1			
22					
23					
24					
25					
26					
27					
28					
29					

Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary: _____ Date: _____
 Signature of preparer: *[Handwritten Signature]* Date: 10/18/07
 Preparer's name (or yours if self-employed): GOLDSTEIN LEWIN & CO.
 Firm's address, and ZIP code: 1900 N.W. CORPORATE BLVD. STE E-300 BOCA RATON, FL 33431-8502

Preparer's Paid
 Preparer's signature: *[Handwritten Signature]*
 Preparer's name (or yours if self-employed): GOLDSTEIN LEWIN & CO.
 Firm's address, and ZIP code: 1900 N.W. CORPORATE BLVD. STE E-300 BOCA RATON, FL 33431-8502

Use Only JVA
 Preparer's name (or yours if self-employed): GOLDSTEIN LEWIN & CO.
 Firm's address, and ZIP code: 1900 N.W. CORPORATE BLVD. STE E-300 BOCA RATON, FL 33431-8502

Phone no.: (561) 994-5050
 Form 1041 (2006)