
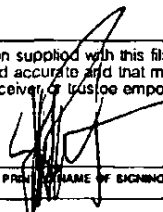


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90342 026 \*\*\*\*55.00

|  |  |                                 |  |   |   |
|--|--|---------------------------------|--|---|---|
| DOCUMENT # M05000004202  |  |                                 |  |                    |   |
| 1. Entity Name<br>BERKOWITZ, LLC   |  |                                 |  |   |   |
| Principal Place of Business<br>2665 SOUTH BAYSHORE DRIVE, SUITE 1200<br>MIAMI FL 33133   |  |                                 | Mailing Address<br>2665 SOUTH BAYSHORE DRIVE, SUITE 1200<br>MIAMI FL 33133 |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |  |   |   |
| City & State   |  | City & State                    |  | 4. FEI Number<br>30-1016800   |   |
| Zip  | Country  | Zip                             | Country  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent<br><br>BERKOWITZ DEVELOPMENT GROUP, INC.<br>2665 SOUTH BAYSHORE DRIVE, SUITE 1200<br>MIAMI FL 33133  |  |                                 | 7. Name and Address of New Registered Agent                                |   |   |
|  |  |                                 | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reissuing)</small>   |  |                                 |  |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State -</b><br><b>Due By May 1, 2007</b>   |  |                                 |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | MGR<br>BERKOWITZ, JEFFREY L<br>2665 SOUTH BAYSHORE DRIVE, SUITE 1200<br>MIAMI FL 33133 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:    |  |                                 | JEFFREY L. BERKOWITZ 03/07/07  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE   |  |                                 | Date (305) 854-2300  |   |   |