


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

**FILED
Mar 07, 2008 08:00 A
Secretary of State**

DOCUMENT # M05000004202

1. Entity Name
BERKOWITZ, LLC



Principal Place of Business Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 1200 MIAMI FL 33133 2665 SOUTH BAYSHORE DRIVE, SUITE 1200 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
Zip Country Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number 30-1016800 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fec Required

6. Name and Address of Current Registered Agent
BERKOWITZ DEVELOPMENT GROUP, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 1200
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 _____ (NOTE: Registered Agent's signature required when changing) 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR BERKOWITZ, JEFFREY L 2665 SOUTH BAYSHORE DRIVE, SUITE 1200 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000851620 03/25/08-80047-011 143.75
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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: _____ DATE: 3/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE