

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90095 003 ***138.75

DOCUMENT # L02000024515

1. Entity Name
BERKSHIRE INVESTMENTS LLC



Principal Place of Business
**2699 STIRLING ROAD
B-206
FORT LAUDERDALE, FL 33312**

Mailing Address
**2699 STIRLING ROAD
B-206
FORT LAUDERDALE, FL 33312**



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3873850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHAIN, RONALD D
2699 STIRLING ROAD
B-206
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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; signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHAIN, RONALD D
STREET ADDRESS	2699 STIRLING ROAD, B-206
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGRM
NAME	SCHAIN, SUSAN H
STREET ADDRESS	2699 STIRLING ROAD, B-206
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGRM
NAME	HOFERT, MARILYN
STREET ADDRESS	2479 ROSCOMBE ROAD
CITY-ST-ZIP	LOS ANGELES, CA 90077
TITLE	MGRM
NAME	HOFERT, BRUCE
STREET ADDRESS	11091 41st AVE N
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	MGRM
NAME	HOFERT, BONNIE
STREET ADDRESS	11091 41st AVE N
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	MGRM
NAME	SCHAIN, RONALD D
STREET ADDRESS	2699 STIRLING ROAD, B-206
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **RONALD SCHAIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/08 **(599) 562-0611**