

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052467

FILED  
Sep 03, 2008  
Secretary of State

**Entity Name:** BERKSHIRE REALTY AND INVESTMENT LLC

**Current Principal Place of Business:**

3300 UNIVERSITY DR  
SUITE 407  
CORAL SPRING, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3300 UNIVERSITY DR  
SUITE 407  
CORAL SPRING, FL 33065

**New Mailing Address:**

FEI Number: 38-3714681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, XAVIER  
3300 UNIVERSITY DR  
SUITE 407  
CORAL SPRING, FL 33065 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FISHER, PATRICK  
Address: PO BOX 772211  
City-St-Zip: CORAL SPRING, FL 33071

Title: MGRM ( ) Delete  
Name: SMITH, XAVIER  
Address: 3300 UNIVERSITY DR SUITE #401  
City-St-Zip: CORAL SPRING, FL 33065

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK FISHER

MGRM

09/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date