


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90123 001 ***138.75

DOCUMENT # L05000089399

1. Entity Name
BERKMAZ PROPERTIES, LLC



Principal Place of Business
**6911 NW 66TH WAY
 PARKLAND, FL 33067**

Mailing Address
**6911 NW 66TH WAY
 PARKLAND, FL 33067**

60002950



2. Principal Place of Business - No P.O. Box #
5511 N. University Drive

Suite, Apt. #, etc.
Suite 104

City & State
Coral Springs, FL

Zip
33067

Country
USA

3. Mailing Address
5511 N. University Drive

Suite, Apt. #, etc.
Suite 104

City & State
Coral Springs, FL

Zip
33067

Country
USA

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3514373

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERKOWITZ, BRIAN J
 6911 NW 66TH WAY
 PARKLAND, FL 33067**

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.

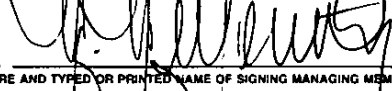
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 MGR	BERKOWITZ, BRIAN J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, BRIAN J	NAME	
STREET ADDRESS	6911 NW 66TH WAY	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASAREK, MICHAEL	NAME	
STREET ADDRESS	7510 BRIGANTINE LANE	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Brian Berkowitz** **1-16-08** **954 335-9220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #