

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043709

Entity Name: BERKSHIRE REALTY LLC

FILED  
Aug 21, 2008  
Secretary of State

**Current Principal Place of Business:**

19092 W. DIXIE HWY  
NMB, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19092 W. DIXIE HWY  
NMB, FL 33180

**New Mailing Address:**

FEI Number: 20-8955329      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:**

PAUL FELDMAN, P.A.  
407 LINCOLN ROAD, SUITE 701  
MIAMI BEACH, FL 33139 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: SHARRON, EZRA P.A.  
Address: 1851 NW 107TH TERRACE  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM ( ) Delete  
Name: 770 FINANCIAL GROUP., INC.  
Address: 19094 W. DIXIE HWY  
City-St-Zip: N. MIAMI BEACH, FL 33180 US

**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: EZRA SHARRON

MGRM

08/21/2008

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