

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107113

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: BERKOWITZ FP ASSOCIATES, LLC

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1200  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1200  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

BERKOWITZ, JEFFREY  
2665 SOUTH BAYSHORE DRIVE, SUITE 1200  
COCONUT GROVE, FL 33133    US

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

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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      BERKOWITZ, JEFFREY L  
Address:                      2665 S. BAYSHORE DRIVE, SUITE#1200  
City-St-Zip:                      COCONUT GROVE, FL 33133 US

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: JEFFREY L. BERKOWITZ

MGR

03/09/2009

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