

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070490

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** BERWOOD INVESTORS, LLC

**Current Principal Place of Business:**

95 MERRICK WAY  
SUITE 360  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

95 MERRICK WAY  
SUITE 360  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-0591835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERMAN, GARY L  
95 MERRICK WAY  
SUITE 360  
CORAL GABLES, FL 33134 US

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

THOMAS D WOOD JR  
95 MERRICK WAY  
SUITE 360  
CORAL GABLES, FL 33134 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:** THOMAS D WOOD JR

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BERMAN, GARY  
**Address:** 95 MERRICK WAY, SUITE 360  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** PTNR  
**Name:** WOOD, THOMAS D JR  
**Address:** 95 MERRICK WAY SUITE 360  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** THOMAS D WOOD JR

PTNR

04/16/2012

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