2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000002482

1. Entity Name BERKMAN PLAZA 2, LLC



Principal Place of Business

CIPAL FIACE OF DUSINESS

3190 NORTHEAST EXPRESSWAY STE 400 ATLANTA, GA 30341

Mailing Address

3190 NORTHEAST EXPRESSWAY STE 400 ATLANTA, GA 30341

FILED Feb 22, 2007 8:00 am Secretary of State

02-22-2007 90279 030 ****50.00



CR2E083 (11/05)

770-455-6053

Daytime Phone #

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

O'SHIELDS, JOSEPH ESQ 1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE, FL 32207

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
Filling Fee is \$50.00 Due by May 1, 2007		
. 9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	7
NAME	BERKMAN, DAVID	
STREET ADDRESS	3190 NORTHEAST EXPRESSWAY STE 400	
CITY-ST-ZIP	ATLANTA, GA 30341	
TITLE	President	1
NAME	Alan J. Travis	
STREET ADDRESS	3190 Northeast Expressway, Ste.#400	
CITY-ST-ZIP	Atlanta, Ga. 30341	
TITLE		
NAME		
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11. I hereby certify that the information supplied with this filting 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 activities 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 received of provered to execute this report as required by Chapter 608, Florida Statutes.		

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE