## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **FILED** May 18, 2004 08:00 AM Secretary of State

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	J1W11 IW 1	***	- \ / \ / \ /\ /\ /\ /\ /\ /\ /\ /\ /\ /\

1. Entity Name BEHLING GLOBAL, LLC



Principal Place of Business

459 2ND AVE. SOUTH NAPLES, FL 34102

Mailing Address

300 5TH AVENUE SOUTH SUITE 101 #460 NAPLES, FL 34102



01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3768007

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH

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SUITE 300 NAPLES, FL 34103		IN	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 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of requetered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2004					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHLING, BRUCE W 4501 TAMIAMI TRAIL NORTH , SUITE 300 NAPLES, FL 34103		U00000160846 05/18/04-80006-004 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U5/18/U4-8UUU6-U64 5U.UU		
TITLE NAME STRICET ADDRESS CITY - ST - ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE