

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90378 022 ****50.00

DOCUMENT # L03000005689



1. Entity Name
BEHLING GLOBAL, LLC

Principal Place of Business
**300 5TH AVENUE SOUTH
 SUITE 101 - #460
 NAPLES, FL 34102**

Mailing Address
**300 5TH AVENUE SOUTH
 SUITE 101 - #460
 NAPLES, FL 34102**

60039179



2. Principal Place of Business - No P.O. Box #
596 6th Avenue North

3. Mailing Address
596 6th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232007 Chg-LLC CR2E083 (12/06)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-3768007

Applied For
 Not Applicable

Zip
34102

Country

Zip
34102

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPLES-LAWDOCK, INC.
 1395 PANTHER LANE
 SUITE 300
 NAPLES, FL 34109**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**MGRM
 BEHLING, BRUCE W
 300 5TH AVENUE SOUTH, SUITE 101 - #460
 NAPLES, FL 34102**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

596 6th Ave North

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

11. I hereby certify that the information supplied with this filing 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

239 384 9759

SIGNATURE: *Bruce W. Behling* **Bruce W. Behling** 4/20/07 414 852 3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #