


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90080 018 \*\*\*\*50.00

DOCUMENT # L05000095887			
1. Entity Name BEHRENS REALTY OF FLORIDA, L.L.C.			
Principal Place of Business 32801 HWY 441 N BOX 284 OKEECHOBEE, FL 34972		Mailing Address 32801 HWY 441 N BOX 284 OKEECHOBEE, FL 34972	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEHRENS BEHRENS, SCOTT 32801 HWY 441 N BOX 284 OKEECHOBEE, FL 34972		Name <u>BEHRENS, SCOTT</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> 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, the registered agent.			
SIGNATURE <u>Scott Behrens</u>		DATE <u>7-10-06</u>	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <input type="checkbox"/> Delete <u>SCOTT BEHRENS</u> <u>32801 HWY 441N Box 284</u> <u>OKEECHOBEE, FL 34972</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>MANAGER</u> <u>DARBRA BEHRENS</u> <u>32801 HWY 441N Box 284</u> <u>OKEECHOBEE, FL 34972</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: <u>Scott Behrens</u>		DATE <u>7-10-06</u> DAYTIME PHONE # <u>772-299-5722</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30012332



07102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3434871 Applied For  Not Applicable

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