

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90185 017 ****55.00

DOCUMENT # L06000020199
 1. Entity Name
 BETA PROPERTIES, LLC



Principal Place of Business: 8184 GREEN GLADE RD. JACKSONVILLE FL 32256
 Mailing Address: 8184 GREEN GLADE RD. JACKSONVILLE FL 32256



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. AS Above
 City & State AS Above
 Zip AS

3. Mailing Address
 Suite, Apt. #, etc. AS Above
 City & State AS Above
 Zip AS

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent
 SMALLBIZ AGENTS, LLC
 4244 W. TENNESSEE STREET
 #185
 TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 Name Brooks M. Muse, II
 Street Address (P.O. Box Number is Not Acceptable) 8184 Green Glade Road
 City Jacksonville FL Zip Code 32256

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 Brooks M. Muse, II DATE 2/16/07
(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	MUSE, BROOKS M II	8184 GREEN GLADE RD.	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brooks M. Muse, II DATE: 2/15/07 DAYTIME PHONE #: 904-996-0110