


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90313 006 ***138.75

DOCUMENT # L06000068683

1. Entity Name
CBES, LLC



Principal Place of Business
947 20TH PL
VERO BEACH, FL 32960

Mailing Address
947 20TH PL
VERO BEACH, FL 32960

00025921



2. Principal Place of Business - No P.O. Box # / Suite, Apt. #, etc.
1209 U.S. HIGHWAY 1

3. Mailing Address Suite, Apt. #, etc.
1209 U.S. HIGHWAY 1

02212008 Chg-LLC CR2E083 (12/06)

City & State
SEBASTIAN, FL

City & State
SEBASTIAN, FL

Zip Country
32958 US

Zip Country
32958 US

4. FEI Number
26-0471324

Applied For
 Not Applicable

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	
SCHLITT, STEVEN R 1209 US HWY 1 SEBASTIAN, FL 32958		Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 STEVEN R. SCHLITT (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75	After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLITT, STEVEN R 1209 US HWY 1 SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] Date: 2/27/07 Daytime Phone #: 772 389-6358

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