

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90018 023 \*\*\*\*55.00



DOCUMENT # L00000002239

1. Entity Name

THE BECKNER LLC

Principal Place of Business

% ROGER E. BECKNER, JR., MANAGING MEM  
 6981 S. ALOYSIA AVE.  
 FLORAL CITY FL 34436-2843

Mailing Address

% ROGER E. BECKNER, JR., MANAGING MEM  
 6981 S. ALOYSIA AVE.  
 FLORAL CITY FL 34436-2843

2. Principal Place of Business

1101 68 ST N.

Suite, Apt. #, etc.

ST. Petersburg

City & State

Florida

Zip 33710

Country

Pinellas

3. Mailing Address

1101 68 ST N.

Suite, Apt. #, etc.

ST. Petersburg

City & State

Florida

Zip 33710

Country

Pinellas



1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3614799

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKNER, ROGER E JR  
 6981 S ALOYSIA AVE  
 FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name Roger E. Beckner JR

Street Address (P.O. Box Number is Not Acceptable)

1101 68 ST ND

City

ST. Petersburg

FL

Zip Code

33710

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

*Roger E. Beckner JR*

Roger E. Beckner JR

2/27/05

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
MGR	BECKNER, ROGER E JR.	6981 S ALOYSIA AVE	FLORAL CITY FL 34436	<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	Change	Addition
				<input checked="" 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Roger E. Beckner JR*

MANAGING MEMBER  
 Roger E. Beckner JR

2/27/05

727  
 639-4623

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

Date

Daytime Phone #