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FILED
Jun 26, 2002 8:00 am
Secretary of State

06-02-2002 90903 010 ***150.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005008

1. Entity Name

BETH-ERIC, L.L.C.

Principal Place of Business	Mailing Address
% MANAGEMENT RECRUITERS 1700 EAST LAS OLAS BOULEVARD, PENTHOUSE 5 FORT LAUDERDALE FL 33301	% MANAGEMENT RECRUITERS 1700 EAST LAS OLAS BOULEVARD, PENTHOUSE 5 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2745 E. Oakland Park Blvd		2745 E. Oakland Park Blvd	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Ft. Lauderdale FL		City & State: Ft. Lauderdale FL	
Zip: 33306	Country: Broward	Zip: 33306	Country: Broward

4. FEI Number: APPLIED FOR — 65-1069746 ☐ 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
JOHASKY, THOMAS % MANAGEMENT RECRUITERS 1700 EAST LAS OLAS BOULEVARD, PENTHOUSE 5 FORT LAUDERDALE FL 33301	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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete JOHASKY, THOMAS 1700 EAST LAS OLAS BOULEVARD, PENTHOUSE 5 FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2745 E. Oakland Park Blvd, Suite 200 Fort Lauderdale, FL 33306
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: [signature] SIGNATURE REQUIRED — 4-24-02 — 954-958-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #