


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT #</b> L00000005008<br><b>1. Entity Name</b><br>BETH-ERIC, L.L.C. |  |
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| <b>Principal Place of Business</b><br>2745 E OAKLAND PARK BLVD<br>SUITE 200<br>FORT LAUDERDALE, FL 33306 | <b>Mailing Address</b><br>2745 E OAKLAND PARK BLVD<br>SUITE 200<br>FORT LAUDERDALE, FL 33306 |
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04042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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| <b>4. FEI Number</b><br>65-1069746 | <b>Applied For</b><br>Not Applicable |
|------------------------------------|--------------------------------------|

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| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
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**6. Name and Address of Current Registered Agent**

JOHASKY, THOMAS  
2745 E. OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE, FL 33306

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGRM<br>JOHASKY, THOMAS<br>2745 E OAKLAND PARK BLVD SUITE 200<br>FORT LAUDERDALE, FL 33306 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |

1100000533281  
05/06/06-80111-125 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**  **4/27/06** **954-988-0255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #