


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 007 ****50.00

DOCUMENT # L00000006345 1. Entity Name BETA EPSILON/CADILLAC, L.L.C.					
Principal Place of Business 4000 NORTH FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431			Mailing Address 1000 OMNI BLVD. NEWPORT NEWS, VA 23606		
2. Principal Place of Business 3925 COLLINS AVENUE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State		4. FEI Number 65-1020016	
Zip 33140		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACLAREN, LINDA O 798 S. FEDERAL HWY, STE 100 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECONOMOS, NICHOLAS 4000 NORTH FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/28/04 Daytime Phone # (757) 591-3519		