## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L0000006345

1. Entity Name

BETA EPSILON/CADILLAC, L.L.C.



**FILED** Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

4000 NORTH FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431

Mailing Address

1000 OMNI BLVD.

NEWPORT NEWS, VA 23606



04202007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 65-1020016 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MACLAREN, LINDA O 798 S. FEDERAL HWY, STE 100 BOCA RATON, FL 33432

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

| 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 |   |  |  |
|   | 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<br>Due by May 1, 2007   |   |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGR BETA EPSILON/CADILLAC, INC. 4000 N FEDERAL HWY STE 206 BOCA RATON, FL 33431 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  | U00000735477<br>05/10/07-80035-008 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | DO   | NOT WRITE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | IN   | THIS SPACE                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |
| TITLE   |   |  |  |

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

11. I hereby certify that the information supplied with this filling 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 associate this report as required by Chapter 608. Florida Statutes.

NICK ECONOMOS

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

Date

04/25/2007

(757) 591-3519 Daytime Phone ∉