## 2006 LIMITED LIABILITY COMPANY

## **FILED**

. ANNUAL REPORT			Wiay 01, 2006 08:00 AWI
1. Entity Nam	MENT # L0000014314  BET CENTER, L.L.C.		Secretary of State
Principal Place of Business Mailing Address 2501 SE AVIATION WAY 2501 SE AVIATION WAY STUART, FL 34996 STUART, FL 34996			A LEGISLAL EN BERN DEN BERN DEN BEN BEN ERN BEN BEN KOM BIRER WEN HAR REN BAN BAN BEN BEN BEN BEN BEN BEN BEN BEN BEN BE
DO NOT WRITE IN THIS SPACE			04252008 No Chg-LLC
5. Name and Address of Current Registered Agent			
GOLDSTEIN, MARK B 2700 N. MILITARY TRAIL, SUITE 130 BOCA RATON, FL 33431			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. (am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, speed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE			
Filing Fee is \$50.00 Oue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS MGR	4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHMIDT, RICHARD L 2700 N. MILITARY TRAIL, SUITE 130 BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZEP			U00000547295 05/12/06-80018-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TISLE NAME STREET ADDRESS EXTY-ST-ZXP			IN THIS SPACE
TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I lunther 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE: Dan Capen President 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ONLY

772-288-6700