

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90075 021 \*\*\*\*50.00

**DOCUMENT # L01000000966**

1. Entity Name

**BETA-1 CAPITAL, LLC**



Principal Place of Business

**1273 MANUCY ROAD  
 AMELIA ISLAND FL 32034**

Mailing Address

**1273 MANUCY ROAD  
 AMELIA ISLAND FL 32034**

2. Principal Place of Business

**317 CENTRE STREET**  
 Suite, Apt. #, etc.

3. Mailing Address

**317 CENTRE STREET**  
 Suite, Apt. #, etc.

City & State

**AMELIA ISLAND, FL**

City & State

**AMELIA ISLAND, FL**

4. FEI Number

**59-3693833**

Applied For

Not Applicable

Zip

**32034**

Country

**USA**

Zip

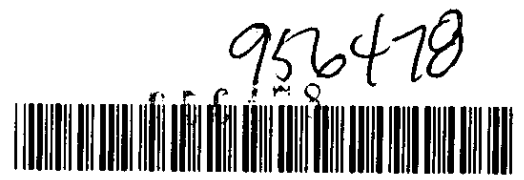
**32034**

Country

**USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHAUNCEY, RAYMOND M  
 1273 MANUCY ROAD  
 AMELIA ISLAND FL 32034**

7. Name and Address of New Registered Agent

Name **RAYMOND M. CHAUNCEY**  
 Street Address (P.O. Box Number is Not Acceptable) **9517 SPRING BLOSSOM COURT**  
 City **AMELIA ISLAND** FL Zip Code **32034**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

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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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Raymond Chauncey Raymond Chauncey 4-25-02 (904) 261-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)