

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2007 MAY 10 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017378

1. Entity Name

BEATHAS DEVELOPMENT, L.L.C.



Principal Place of Business

109 N BRUSH ST
SUITE 440
TAMPA, FL 33602

Mailing Address

109 N BRUSH ST
SUITE 440
TAMPA, FL 33602



04272007No Chg-LLC

CR2E083 (11/05)

4. FLL Number

59-3755204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOBBY, CLARKE G
109 N BRUSH ST
SUITE 440
TAMPA, FL 33602

**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 re-statutes)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
GUYTON, J. BRYAN
109 N BRUSH ST SUITE 440
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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05/16/07--01007--002 **450.00

**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:

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

DATE

Daytime Phone #

4/27/07

813-224-0822