LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
02-12-2002 90056 030 ****50.00
05-03-2002 90022 025 ****50.00

DOCUMENT # L01000019799

1. Entity Name
Beck Group of Stuart, LLC

DO NOT WRITE IN THIS SPACE

951616

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2. Principal Place of Business	3. Mailing Address
2300 Corporate Blvd. NW	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 232	
City & State	City & State
Boca Raton, FL	
Zip / Country	Zip / Country
33431 / U.S.A.	

4. FEI Number 01-0664672 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Eric L. Glazer

Street Address (P.O. Box Number is Not Acceptable): 2300 Corporate Blvd. NW #232

City: Boca Raton FL Zip Code: 33431

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 _____ 4/2/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member
NAME	Louis S. Beck
STREET ADDRESS	2300 Corporate Blvd. NW #232
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	Member
NAME	Jeffrey Graef
STREET ADDRESS	2300 Corporate Blvd. NW #232
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E083B (12/01)

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: _____ - Member 4/2/02 561-997-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #