

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019799

Entity Name: BECK GROUP OF STUART, LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

2300 CORPORATE BLVD., NW, SUITE 131
BOCA RATON, FL 33431

New Principal Place of Business:

2300 CORPORATE BLVD., NW, SUITE 232
BOCA RATON, FL 33431

Current Mailing Address:

2300 CORPORATE BLVD., NW, SUITE 131
BOCA RATON, FL 33431

New Mailing Address:

2300 CORPORATE BLVD., NW, SUITE 232
BOCA RATON, FL 33431

FEI Number: 01-0664672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER, ERIC L ESQ.
2300 CORPORATE BLVD., NW, SUITE 232
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

GLAZER, ERIC ESQ
2300 CORPORATE BLVD. NW #232
BOCA RATON, FL 33431 US

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: ERIC GLAZER

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BECK, LOUIS S
Address: 2300 CORPORATE BLVD NW #232
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: GRAEF, JEFFREY
Address: 2300 CORPORATE BLVD NW #131
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Change () Addition
Name: GRAEF, JEFFREY
Address: 7450 AVENIDA DEL MAR 2002
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY GRAEF

MGRM

02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date