


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90063 043 \*\*\*\*\*50.00

**DOCUMENT # L02000007288**

1. Entity Name  
**BETA REAL ESTATE INVESTMENTS, LLC**



Principal Place of Business  
**4744 SPINNAKER DRIVE  
 BRADENTON, FL 34208**

Mailing Address  
**4744 SPINNAKER DRIVE  
 BRADENTON, FL 34208**

2. Principal Place of Business  
**2100 19th St**

3. Mailing Address  
**2100 19th St**


Suite, Apt. #, etc.

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

Zip  
**34234** Country  
**USA**

Zip  
**34234** Country  
**USA**



01092006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**UCCELLO, ANTONIO F III  
 4744 SPINNAKER DRIVE  
 BRADENTON, FL 34208**

4. FEI Number  
**04-3630938**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2100 19th Street**

City **Sarasota** FL Zip Code **34234**

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 *Antonio F. Uccello* DATE **11/10/06**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UCCELLO, ANTONIO F III <del>4744 SPINNAKER DR</del> <b>2100 19th St.</b> BRADENTON, FL 34208 <b>Sarasota FL</b> <b>34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Antonio F. Uccello* DATE **11/10/06** DAYTIME PHONE # **941-330-0336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #