. 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED
Jan 11, 2007 08:00 AM
Secretary of State

	ANNU	AL REPORT		Juli 11, 2007 00:00
DOCUMENT # L02000007288				Secretary of Sta
BETA REAL ESTATE INVESTMENTS, LLC				
Principal Place	e of Business	Mailing Address		1
2100 19TH S SARASOTA, F		2100 19TH ST. Sarasota, Fl. 34234		
) AIUCAMAC	L 34234	3AM301A, FC 34234		
\			Ta de la companya de	
	Mark & Sand State Comment			. 01032007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPAC			ACE	4. FEI Number Applied For
, ,				04-3630938 Not Applicable 5 Cartifacts of State Posited \$5.00 Additional
		And the state of t		5. Certificate of Status Desired Fee Required
	6. Name and Address of Cu	rrent Registered Agent	200 M	a de la companya de l
UCCELLO, ANTONIO F III 2100 19TH ST.				DO NOT WRITE
SARASOTA, FL 34234		A STATE OF THE STA	IN THIS SPACE	
		2 m	IN THIS STACE	
8. The above	named entity submits this statem tions of registered agent.	ent for the purpose of changing its reg	istered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
1	1 DOX 1 11	/ ## ·		1/8/07
SIGNATURE	Signature, typed or printed name of registered	agent and lifte if applicable (NOTE: Reg	gistered Agent signature require	od when reinstating) DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING M	EMBERS/MANAGERS) de	**************************************
TITLE NAME	MGRM UCCELLO, ANTONIO F III		, "	
STREET ADDRESS	2100 19TH ST.		1	
CITY-ST-ZIP	SARASOTA, FL 34234			U00 <u>0</u> 005 <u>827</u> 02
TITLE NAME	Ì			01/11/07-80042-007 50.00
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CITY-SI-ZIP			The state of the s	
NAME				

11. I hereby certify that the information supplied with this filling 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 flability company or the regiever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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