

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L02000007288 1. Entity Name BETA REAL ESTATE INVESTMENTS, LLC	
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2100 19TH ST. SARASOTA, FL 34234	Mailing Address 2100 19TH ST. SARASOTA, FL 34234
----------------------------------------------------------------------------------	----------------------------------------------------------------------



01042008No Chg-LLC CR2E083 (12/07)


DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3630938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent UCCELLO, ANTONIO F III 2100 19TH ST. SARASOTA, FL 34234

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:  DATE: 1/4/08

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

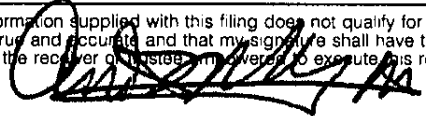
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000777461
01/10/08-80008-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	UCCELLO, ANTONIO F III
STREET ADDRESS	2100 19TH ST.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: 1/4/08 Daytime Phone #: 941.330.0336

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