
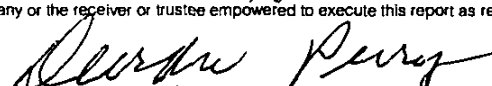


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90053 047 \*\*\*\*50.00

<b>DOCUMENT # L02000012449</b> 1. Entity Name <b>BEAD NEED LLC</b>					
Principal Place of Business <b>5775 S. UNIVERSITY DR DAVIE, FL 33328</b>			Mailing Address <b>5775 S. UNIVERSITY DR DAVIE, FL 33328</b>		
2. Principal Place of Business - No P.O. Box # <b>5735 S. University Dr</b>		3. Mailing Address <b>5735 S. University Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Davie, FL</b>		City & State <b>Davie, FL</b>		4. FEI Number <b>82-0569920</b>	
Zip <b>33328</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PERRY, DEIRDRE L 5775 S. UNIVERSITY DR DAVIE, FL 33328</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5735 S. University Dr</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33328</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PERRY, DEIRDRE L 5775 S. UNIVERSITY DR DAVIE, FL 33328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5735 S. University Dr. Davie, FL 33328</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HICKS, JENNIFER B 5775 S. UNIVERSITY DR DAVIE, FL 33328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5735 S. University Dr. Davie, FL 33328</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					