

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018404

FILED  
Apr 28, 2012  
Secretary of State

Entity Name: BEARD & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

324 VALLEY DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

324 VALLEY DRIVE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 02-0618957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BEARD, BRENDA L  
324 VALLEY DRIVE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: BEARD, BRENDA L  
Address: 324 VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: GTNR  
Name: BEARD, ROBERT L III  
Address: 324 VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: N/A  
Name: N/A, N/A  
Address: 324 VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: N/A  
Name: N/A, N/A  
Address: 324 VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: N/A  
Name: N/A, N/A  
Address: 324 VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: N/A  
Name: N/A, N/A  
Address: 324 VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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: ROBERT L. BEARD III

GTNR

04/28/2012

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