


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L02000024386 1. Entity Name BEE RIDGE BAR, LLC.	
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Principal Place of Business 4870 SOUTH TAMiami TRAIL SARASOTA, FL 34231 US	Mailing Address 4870 SOUTH TAMiami TRAIL SARASOTA, FL 34231 US
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DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4211622	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHANDLER, JAMES R III 1834 MAIN STREET SARASOTA, FL 34236

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

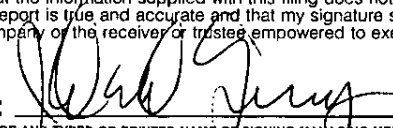
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000892174
04/23/08-80055-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUILLEN, MICHAEL L 4870 SOUTH TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWAN, MICHAEL T 4870 SOUTH TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARVEY, DONALD 4870 SOUTH TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4-9-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #