

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

04-16-2004 90419 007 ****50.00

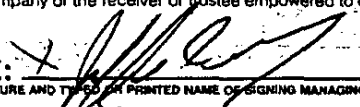
DOCUMENT # L03000010800					
1. Entity Name BECK GROUP OF FT. MYERS, LLC					
Principal Place of Business 2300 CORPORATE BLVD. NW, #232 BOCA RATON FL 33431			Mailing Address 2300 CORPORATE BLVD. NW, #232 BOCA RATON FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1131788	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLAZER, ERIC L 2300 CORPORATE BLVD. NW, #232 BOCA RATON FL 33431				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 reissuing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
☐ Delete			☐ Change ☒ Addition	MGR	Louis S. Beck
					2300 Corporate Blvd. NW #232
					Boca Raton, FL 33431
☐ Delete			☐ Change ☒ Addition	MGR	Jeffrey A. Graef
					2300 Corporate Blvd. NW #232
					Boca Raton, FL 33431
☐ Delete			☐ Change ☐ Addition		
			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
			☐ Change ☐ Addition		

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MOORE CR2E083 (11/03)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Jeffrey A. Graef, MGR 4/2/04** **561-997-2325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #