2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010800 1. Entity Name BECK GROUP OF FT. MYERS, LLC FILED 2008 JUL 14 AM 7:47 Mailing Address Principal.Place of Business' **436 BAYFRONT PLACE** 436 BAYFRONT PLACE NAPLES, FL 34102 NAPLES, FL 34102 SECING CALCUF STATE 07082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1131788 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRIDER, CRAIG D ESQ. DO-NOT-WRITE 4001-TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agont signature required when rematching) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. TITLE NAME STONEBURNER, KEVIN L STREET ADDRESS 436 BAYFRONT PL NAPLES, FL 34102 CITY-ST-7(P 100133269531 07/22/08--01013--013 ***288.75 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 eath; 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:

Daybme Phone #

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANACING MEMBER. OR AUTHORIZED REPRESENTATIVE