2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015032

1. Entity Name
BEECHWOOD STUDIO LLC



FILED Jan 12, 2007 08:00 A Secretary of State

Principal Place of Business

5260 S. MAC DILL AVE TAMPA, FL 33611 Mailing Address

5260 S. MAC DILL AVE TAMPA, FL 33611



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
86-1058670

S. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUM, ROBERT 5260 S. MAC DILL AVE TAMPA, FL 33611

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE.	FOFFACE COME Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agont signature required when renstating)	/-/0-07
Filing Fee is \$50.00 Due by May 1, 2007			.000000585443 01/16/07-80013-004 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUM, ROBERT 5260 S MACDILL AVE TAMPA, FL 33611		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
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 oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

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 Fiorida. I am familiar with, and accept