


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90101 009 \*\*\*\*55.00

**DOCUMENT # L03000046329**

1. Entity Name  
**HARRY W. BEECK, LLC**



Principal Place of Business Mailing Address

**HARRY W. BEECK LLC** **HARRY W. BEECK LLC**  
**264 WARFIELD AVE UNIT 41** **1275 S. INDIES CIR**  
**VENICE FL 34285** **VENICE FL 34285**

2. Principal Place of Business 3. Mailing Address

*Harry W. Beeck LLC* *Harry W. Beeck LLC*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*264 Warfield Ave. Unit 41* *1275 S. Indies Circle*  
 City & State City & State  
*Venice, FL.* *Venice, FL.*  
 Zip Country Zip Country  
*34285 Sarasota* *34285 Sarasota*



1st MOORE CR2E083 (10/04)

4. FEI Number *56-2439506* Applied For  
~~APPLICABLE~~ Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BETTERTON, GREG A**  
**981 RIDGEWOOD AVENUE, SUITE 101**  
**VENICE FL 34285**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>MGRM</b>	<b>BEECK, HARRY W</b>	<b>1275 S. INDIES CIRCLE</b>	<b>VENICE FL 34285</b>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

*Harry W. Beeck, Pres.*  
**SIGNATURE: *Harry W. Beeck Pres.*** **Jan. 30, 05** **941-488-3433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #