


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000001469 1. Entity Name BETA CAPITAL MANAGEMENT LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 777 BRICKELL AVE, STE 1201 MIAMI FL 33131 | Mailing Address 777 BRICKELL AVE, STE 1201 MIAMI FL 33131 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/06)

| | | | |
|---------------------------------|---------------------------------|------------------------------------|--|
| City & State Zip Country | City & State Zip Country | 4. FEI Number 86-1093531 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|---------------------------------|------------------------------------|--|

| | |
|--|---|
| 6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE, STE 200 MIAMI FL 33131 | 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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|--|---------------------------------|--|
| TITLE | MGR NAME: HEALY, MARIA STREET ADDRESS: 777 BRICKELL AVE, STE 1201 CITY-STATE-ZIP: MIAMI FL 33131 | <input type="checkbox"/> Delete | |
| TITLE | MGR NAME: CASTILLO, MARIA STREET ADDRESS: 777 BRICKELL AVE, STE 1201 CITY-STATE-ZIP: MIAMI FL 33131 | <input type="checkbox"/> Delete | |
| TITLE | | <input type="checkbox"/> Delete | |
| TITLE | | <input type="checkbox"/> Delete | |
| TITLE | | <input type="checkbox"/> Delete | |
| TITLE | | <input type="checkbox"/> Delete | |
| TITLE | | <input type="checkbox"/> Delete | |
| TITLE | | <input type="checkbox"/> Delete | |

U00000598614
01/24/07-80081-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1/19/07 905 3588844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #