L05000021436

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000021436

1. Entity Name
BECK DEVELOPING GROUP LLC

2005

FILED
05 DEC -1 PM 1:53
SECRETARY OF STATE
12/01/05

Principal Place of Business	Mailing Address
3543 SOUTH OCEAN BLVD., SUITE 104 SOUTH PALM BEACH, FL 33480	3543 SOUTH OCEAN BLVD., SUITE 104 SOUTH PALM BEACH, FL 33480

10102005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
727 LAKE SHORE Dr.	727 LAKE SHORE Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33444 County: PALM BEACH	Zip: 33444 County: PALM BEACH

4. FEI Number 92-0182395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired $ 5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, STAN -
3543 SOUTH OCEAN BLVD., SUITE 104
SOUTH PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name: STANLEY BECK

Street Address (P.O. Box Number Is Not Acceptable): 727 LAKE SHORE Dr.

City: DELRAY BEACH FL Zip Code: 33444

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: [signature] 10/17/05
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2006, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER STANLEY BECK 727 LAKE SHORE Dr. DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000060835130 10/20/05--01065--016 **55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 10/17/05 561/504-2015
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #