. 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CHY-ST-ZP

DOCUMENT # LU4000040654 1. Entity Name BECKER REALTY LLC	
Principal Place of Business C/O HYMAN 613 MENENDEZ STREET VENICE, FL 34285 Mailing Address C/O HYMAN 613 MENENDEZ STREET VENICE, FL 34285 VENICE, FL 34285	EET
DO NOT WRITE IN THIS S 5. Name and Address of Current Registered Agent	02142006 No Chg-LLC
HYMAN, JULIA 613 MENENDEZ STREET VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
	is registered office or registered agem, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE	DTE: Registered Agent togradure required when renotating) OATE
the obligations of registered agent. SIGNATURE Squature, wheel or protect name of registered agent and hits if applicable. PACT Filling Fee is \$50.00 Due by May 1, 2006	OTE: Replaced Agent against required when remetaling) U00000441748 03/03/06-80046-019 50.00
the obligations of registered agent. Signature Signature, who or printed name of registered agent and rise if applicable. [NOTE]	U0000441748
the obligations of registered agent. SIGNATURE Sonature, whose or printed name of registered agent and not if applicable. Filling Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRM HYMAN, JULIA STREET ADDRESS 613 MENENDEZ STREET OHY-ST-ZIP VENICE, FL 34285 UTLC MGRM STREET ADDRESS 624 GRANA AVE. CHY-ST-ZIP VENICE, FL 34285 TITLE NAME STREET ADDRESS 624 GRANA AVE. VENICE, FL 34285	U0000441748
the obligations of registered agent. SIGNATURE Sonature, wheat or printed name of registered agent and loss if approache. PROTESTING Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRM HYMAN, JULIA STRIET ADDRESS 613 MENENDEZ STREET CITY-ST-ZIP VENICE, FL 34285 ITTLE MGRM STRIET ADDRESS 624 GRANA AVE. CITY-ST-ZIP VENICE, FL 34285 TITLE NAME NAME	U00000441748 03/05-80046-019 50.00
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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 path; 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.

FILED

Feb 20, 2006 08:00 AM Secretary of State