


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90156 001 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000050067 1. Entity Name BECKER, LLC					
Principal Place of Business 2404 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020		Mailing Address 2404 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020			
2. Principal Place of Business <i>1909 Tyler Street #603</i>		3. Mailing Address <i>1909 Tyler Street</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>603</i>			
City & State <i>Hollywood FL</i>		City & State <i>Hollywood FL</i>		4. FEI Number <i>20-1375792</i>	
Zip <i>33020</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33020</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, DAVID 2404 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1909 Tyler Street #603</i> City <i>Hollywood</i> FL Zip Code <i>33020</i>		
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 <i>David Becker</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>1-31-05</i>	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKER, DAVID 4701 LINCOLN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKER, MICHAEL 4922 SOUTHWEST 33RD WAY HOLLYWOOD, FL 33312	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>David Becker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <i>1-31-05 (951) 925-1900</i> <small>Date Daytime Phone #</small>	

J0001000



01062005 Chg-LLC CR2E083 (10/03)