

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051412

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: BEC HOLDINGS, LLC

**Current Principal Place of Business:**

17654 SW 12TH STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17654 SW 12TH STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 84-1684060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARTER, JOHN  
17654 SW 12TH STREET  
PEMBROKE PINES, FL 33029      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARTER, TERRY  
Address: 17654 SW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MEM      ( ) Change (X) Addition  
Name: CARTER, JOHN  
Address: 17654 SW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN CARTER

MEM

07/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date