


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90033 023 ****50.00

DOCUMENT # L04000079335 1. Entity Name BETHEL ROAD ASSOCIATES L.L.C.	
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Principal Place of Business 248 THREE ISLANDS BLVD. #303 HALLANDALE, FL 33009	Mailing Address 248 THREE ISLANDS BLVD. #303 HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2157340	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GORDON, JAMES N 3153 NORTH OCEAN SHORE FLAGLER BEACH, FL 32136

**DO NOT WRITE
IN THIS SPACE**

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.

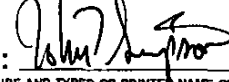
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GORDON, JAMES N 248 THREE ISLANDS BLVD. #303 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMPSON, JOHN T 300 LONG SHOOLS ROAD, # 13-V ARDEN, NC 28704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCDOWELL, GUY ROBERT 6 OAKWOOD AVE. TAYLORS, SC 29687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: 	1-10-06	828 280 6056
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>