

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094324

Entity Name: BEPE PROPERTIES, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

14039 N.W. 17TH AVE.
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

14039 N.W. 17TH AVE.
MIAMI, FL 33167

New Mailing Address:

FEI Number: 22-3905114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCAL, EDITH
14039 NW 17 AVE
MIAMI, FL 33067 US

Name and Address of New Registered Agent:

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: PRES () Delete
Name: PASCAL, EDITH
Address: 14039 NW 17 AVE
City-St-Zip: MIAMI, FL 33167

Title: SEC () Delete
Name: PASCAL, BEVERLY
Address: 16010 SW 103 CT
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: PASCAL, PATANSKE
Address: 16010 SW 103 CT
City-St-Zip: MIAMI, FL 33157

Title: DIR () Delete
Name: PASCAL, EZECKIEL
Address: 16010 SW 103 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDITH PASCAL

PR

04/27/2007

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