## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 11, 2006 8:00 am Secretary of State

DOCUMENT # L05000001134  1. Entity Name BEEF ACRES, LLC						07-11-2006 90118 032 ****50.00					
Principal Place of Business Mailing Address 1109 LAVENDER CIRCLE 112 W 88TH STREET WESTON, FL 33327 NEW YORK, NY 10024											
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07062006	Chg-LLC	CR2E0	83 (11/05)		
City & State			City & State			4. FEI Numbe	2513086	5.	_ <del></del>	oplied For ot Applicable	
Zip	Zip Country		Zip			Certificate of Status Desired					
	6. Name	and Address of Current R	egistered Agent			7. Name and	Address of New Re	gistered A	\gent		
HOWELL	& KAPLAN	I, PA			Name						
1109 LAVENDER CIRCLE WESTON, FL 33327					Street Address	ddress (P.O. Box Number is Not Acceptable)					
e e e e e e e e e e e e e e e e e e e					City			FL	Zip Cod		
The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.					ed office or registe	ered agent, or bot	th, in the State of Flor		amiliar with,	and accept	
the obligat		ered agent.									
Oldren Tonie	Signature, typed i	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE			
						T	•				
Fil Due l	ling Fee la by Septem	\$50.00 s \$50.00 nber 6, 2006						e check pa Departme	ayable to ent of State	е	
Fil Due t	by Septem	\$ \$50.00	S/MANAGERS	10.				Departme		e .	
9.	MGRM	s \$50.00 nber 6, 2006 MANAGING MEMBER	S/MANAGERS	TITLE			Florida	Departme		Addition	
9. TITLE NAME	MGRM KAPLAN,	s \$50.00 nber 6, 2006 MANAGING MEMBER KERYN L		TITLE NAM	E		Florida	Departme	ent of State	•	
9.	MGRM KAPLAN,	s \$50.00 nber 6, 2006 MANAGING MEMBER KERYN L TH STREET		TITLE NAMI STRE			Florida	Departme	ent of State	•	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN,	s \$50.00 nber 6, 2006 MANAGING MEMBER KERYN L	☐ Delete	TITLE NAMI STRE CITY	E ET ADDRESS -ST-ZIP		Florida	Departme	Change	. Addition	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM KAPLAN, 112 W 881 NEW YOR MGRM STALLBAI	S \$50.00 nber 6, 2006 MANAGING MEMBER KERYN L TH STREET RK, NY 10024	☐ Delete	TITLE NAM STRE CITY TITLE NAM	E ET ADDRESS -ST-ZIP		Florida	Departme	Change	. Addition	
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11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAJ.D STALLBALLER 7 6 0 6 212 246 6044.

SIGNATURE AND TYPED OF PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date Dayline Prone #