

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012828

Entity Name: BECK, LLC

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

811 SW 171ST PLACE
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

811 SW 171ST PLACE
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 20-3229468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, BARBARA L
811 SW 171ST PLACE
MICANOPY, FL 32667 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: MGR () Delete
Name: BECK, BARBARA
Address: 811 SW 171ST PLACE
City-St-Zip: MICANOPY, FL 32667

Title: MGR () Delete
Name: BECK, HOWARD
Address: 811 SW 171ST PLACE
City-St-Zip: MICANOPY, FL 32667

Title: MEMB () Delete
Name: BECK, ANNA
Address: 811 SW 171 PLACE
City-St-Zip: MICANOPY, FL 32667

Title: MEMB () Delete
Name: BECK, MARCUS
Address: 811 SW 171 PLACE
City-St-Zip: MICANOPY, FL 32667

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 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: BARBARA BECK

MGR

04/19/2007

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