


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000019236</b>	
1. Entity Name <b>B&amp;E INVESTMENTS OF ENGLEWOOD, LLC</b>	

Principal Place of Business <b>20627 ARTHUR CT LUTZ, FL 33558</b>	Mailing Address <b>20627 ARTHUR CT LUTZ, FL 33558</b>
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01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2368269</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>LUSSRDEN, BRIAN D 20621 ARTHUR CT. LUTZ, FL 33558</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LUSSENDEN, BRIAN D 20621 ARTHUR CT LUTZ, FL 33558</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WUDYKA, EDWIN T 1046 RUISDAEL CIRCLE NOKOMIS, FL 34275</b>
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01/10/07-80080-011 50.00

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:** Brian D. Lussenden **1/4/07 813.948.2239**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #