

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 11, 2006  
Secretary of State**

DOCUMENT# L05000025920

Entity Name: BEVERLY APARTMENTS LLC

**Current Principal Place of Business:**

500 S. HIMES AVENUE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5004 E. FOWLER AVENUE  
STE: E  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: 59-2965778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

D'ONOFRIO, DAVID M  
5004 E. FOWLER AVENUE  
STE: E  
TAMPA, FL, FL 33617 US

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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: D'ONOFRIO, DAVID  
Address: 5004 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617

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

Title: MGR ( ) Delete  
Name: D'ONOFRIO, ED  
Address: 5004 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617

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

Title: MGR ( ) Delete  
Name: D'ONOFRIO, ROSE  
Address: 5004 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617

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

Title: MGR ( ) Delete  
Name: D'ONOFRIO, LARRY  
Address: 5004 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617

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

Title: MGR ( ) Delete  
Name: D'ONOFRIO, EDWARD  
Address: 5004 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617

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: DAVID D'ONOFRIO

MGR

07/11/2006

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