

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025920

FILED
Apr 03, 2009
Secretary of State

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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:

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: DAVID DONOFRIO

PD

04/03/2009

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