

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041434

Entity Name: BES, LLC

FILED  
Apr 24, 2006  
Secretary of State

**Current Principal Place of Business:**

16441 SW 281 STREET  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

16441 SW 281 STREET  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

POWELL, CHARMAINE C ESQ  
20401 NW 2ND AVENUE, STE. 209  
MIAMI, FL 33169 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: EVANS, EDWARD A DR.  
Address: 16441 SW 281 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: MGR ( ) Delete  
Name: BRAMWELL, ATTLI F  
Address: 16441 SW 281 STREET  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES:**

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: EDWARD EVANS

MGR

04/24/2006

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