


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000044514</b><br>1. Entity Name<br>BETHMANN INVESTMENTS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>14040 LAKE TILDEN BLVD.<br>WINTER GARDEN, FL 34787 | Mailing Address<br>14040 LAKE TILDEN BLVD.<br>WINTER GARDEN, FL 34787 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-LLC

CR2E083 (12/07)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>20-2806627                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>BETHMANN, CARL<br>14040 LAKE TILDEN BLVD.<br>WINTER GARDEN, FL 34787 |
|---|

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IN THIS SPACE**

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


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000936620  
05/27/08-80018-011 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BETHMANN, CARL<br>14040 LAKE TILDEN BLVD.<br>WINTER GARDEN, FL 34787 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BETHMANN, CARL<br>14040 LAKE TILDEN BLVD.<br>WINTER GARDEN, FL 34787 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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:**  **4/28/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #