

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90186 009 ****50.00

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02032006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000059643 1. Entity Name BETA HOLDINGS LLC					
Principal Place of Business 8730 SW 133 AVE RD NO. 303 MIAMI, FL 33183			Mailing Address 8730 SW 133 AVE RD NO. 303 MIAMI, FL 33183		
2. Principal Place of Business 14021 S.W. 143 CT		3. Mailing Address 14021 S.W. 143 CT.			
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6			
City & State MIAMI-FLORIDA		City & State MIAMI-FLORIDA			
Zip 33186	Country	Zip 33186	Country	4. FEI Number 20-3013522 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BETANCOURT, WINSTON 8730 SW 133 AVE RD NO. 303 MIAMI, FL FL	
7. Name and Address of New Registered Agent Name BETANCOURT, WINSTON Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI FL Zip Code 33186				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 <u><i>Winston Betancourt</i></u> 2/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETANCOURT, WINSTON 8730 SW 133 AVE RD NO. 303 MIAMI, FL 33183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETANCOURT, WINSTON 14021 S.W. 143 CT #6 MIAMI-FLORIDA 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Winston Betancourt</i></u>			2/10/06 (305) 858-2858		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		