


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90092 036 ****50.00

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| DOCUMENT # L05000072253 | |  |
| 1. Entity Name BES ENTERPRISES, LLC | | |

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|--|--|
| Principal Place of Business 465 SPINNAKER WESTON, FL 33326 | Mailing Address 465 SPINNAKER WESTON, FL 33326 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



07112006 Chg-LLC CR2E083 (11/05)

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|---|--|--------------------------------|
| 4. FEI Number 20-3232688 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MANN & WOLF, LLP 4300 N. UNIVERSITY DRIVE SUITE C-203 SUNRISE, FL 33351 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

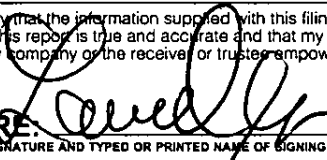
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SCHREIBER, LAWRENCE C <input type="checkbox"/> Delete 465 SPINNAKER WESTON, FL 33326 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCHREIBER, JOE B <input type="checkbox"/> Delete 465 SPINNAKER WESTON, FL 33326 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHREIBER, JOE B |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCHREIBER, BENJAMIN E <input type="checkbox"/> Delete 465 SPINNAKER WESTON, FL 33326 | 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 |
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| 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  **LAWRENCE C. SCHREIBER** **7/17/06** **954-321-2599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #