

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



02282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3232688	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MANN & WOLF, LLP 4300 N. UNIVERSITY DRIVE SUITE C-203 SUNRISE, FL 33351
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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

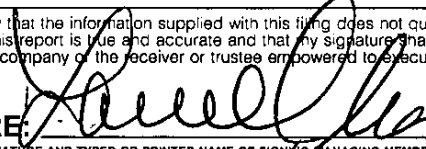
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHREIBER, LAWRENCE C 465 SPINNAKER WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHREIBER, JO B 465 SPINNAKER WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHREIBER, BENJAMIN E 465 SPINNAKER WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/07-80028-015 50.00

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 3/5/07 954-845-8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #