

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077691

Entity Name: BETON, LLC

FILED
Mar 19, 2006
Secretary of State

Current Principal Place of Business:

2757 NE 165TH TERRACE
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

PO BOX 1093
NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address:

2757 NE 165TH TERRACE
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

PO BOX 1093
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 20-3277725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A & J ADVISORY SERVICE, INC
2620 BUTTONWOOD AVE
MIRAMAR, FL 33025 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: MGRM () Delete
Name: HOLUBEC, ERIK
Address: 2757 NE 165TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR () Delete
Name: POZNAN, ALFRED
Address: 2757 NE 165TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLUBEC, ERIK
Address: 2071 S OCEAN DR TH # 19
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR (X) Change () Addition
Name: POZNAN, ALFRED
Address: KLINCOVA 1
City-St-Zip: 891 02 BRATISLAVA, OC 00000 EZ

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: ERIK HOLUBEC

MNG

03/19/2006

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