
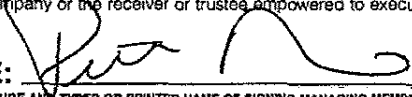


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000088068 1. Entity Name BEE WOOD WORKS, LLC																																		
Principal Place of Business 5560 65TH STREET VERO BEACH, FL 32967	Mailing Address 5560 65TH STREET VERO BEACH, FL 32967																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent ROBERTS, PETER 5560 65TH STREET VERO BEACH, FL 32967		DO NOT WRITE 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 _____ <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, 2007		000000614434 02/06/07-80028-025 55.00																																
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>ROBERTS, PETER M</td></tr><tr><td>STREET ADDRESS</td><td>5560 65TH ST</td></tr><tr><td>CITY - ST - ZIP</td><td>VERO BEACH, FL 32967</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	ROBERTS, PETER M	STREET ADDRESS	5560 65TH ST	CITY - ST - ZIP	VERO BEACH, FL 32967	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>																																		



01272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	