## 07 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000094031

1. Entity Name BECK REALTY LLC



Principal Place of Business

1100 S. ORLANDO AV. #107 MAITLAND, FL 32751 Mailing Address

1100 S. ORLANDO AV. #107 MAITLAND, FL 32751

## 60051470



**FILED** 

May 30, 2007 8:00 am Secretary of State

05-30-2007 90081 026 \*\*\*\*50.00

01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BECK, JOANN 1100 S. ORLANDO AV. #107 MAITLAND, FL 32751

## DO NOT WRITE --

MAITLANE	D, FL 32751	IN THIS SPACE
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE
 Fi	iling Fee is \$50.00 ue by May 1, 2007	
9	MANAGING MEMBERS/MANAGERS	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR BECK, JOANN 1100 S. ORLANDO AV. #107 MAITLAND, FL 32751	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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.

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/18/67

Dayome Phone #