


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90185 017 ****55.00

DOCUMENT # L06000020199	
1. Entity Name BETA PROPERTIES, LLC	

Principal Place of Business 8184 GREEN GLADE RD. JACKSONVILLE FL 32256	Mailing Address 8184 GREEN GLADE RD. JACKSONVILLE FL 32256
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <i>AS Above</i>	3. Mailing Address Suite, Apt. #, etc. <i>AS Above</i>
City & State <i>AS Above</i>	City & State <i>AS Above</i>
Zip Country	Zip Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent SMALLBIZ AGENTS, LLC 4244 W. TENNESSEE STREET #185 TALLAHASSEE FL 32304	7. Name and Address of New Registered Agent Name <i>BROOKS M. MUSE, II</i> Street Address (P.O. Box Number is Not Acceptable) <i>8184 Green Glade Road</i> City <i>Jacksonville</i> FL Zip Code <i>32256</i>
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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 *Brooks M. Muse, II*  DATE *2/10/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUSE, BROOKS M II 8184 GREEN GLADE RD. JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Brooks M. Muse, II*  DATE *2/5/07* 904-996-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #