2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000038123

1. Entity Name
BEAN REAL ESTATE HOLDINGS, LLC

Principal Place of Business	Mailing Address
5364 90TH AVENUE CIR E PARRISH, FL 34219	5364 90TH AVENUE CIR E PARRISH, FL 34219

DO NOT WRITE IN THIS SPACE

03032008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-4683807		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BEAN, LAWRENCE
5364 90TH AVENUE CIR E
PARRISH, FL 34219

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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BEAN, LAWRENCE
STREET ADDRESS	5364 90TH AVENUE CIR E
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000868554
04/09/08-80013-019 138.75

DO NOT WRITE
IN THIS SPACE

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 Bean_   LAWRENCE BEAN   3/17/08   (941) 776 8216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #