




# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90064 027 \*\*\*138.75

<b>DOCUMENT # L06000044772</b> 1. Entity Name <b>BEESON INVESTMENTS, LLC</b>					
Principal Place of Business <b>2101 NORTH ANDREWS AVENUE, SUITE 107 WILTON MANORS, FL 33311</b>			Mailing Address <b>2101 NORTH ANDREWS AVENUE, SUITE 107 WILTON MANORS, FL 33311</b>		
2. Principal Place of Business - No P.O. Box # <b>1400 E. Oakland Park Blvd</b>		3. Mailing Address <b>1400 E. Oakland Park Blvd</b>			
Suite, Apt. #, etc. <b>Suite 210</b>		Suite, Apt. #, etc. <b>Suite 210</b>			
City & State <b>Oakland Park, FL</b>		City & State <b>Oakland Park, FL</b>			
Zip <b>33334</b>		Zip <b>33334</b>			
Country <b>USA</b>		Country <b>USA</b>		04082008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-4788315</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BEESON, JAMES M JR. 2101 NORTH ANDREWS AVENUE, SUITE 107 WILTON MANORS, FL 33311</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1400 E. Oakland Park Blvd.</b> <b>Suite 210</b> City <b>Oakland Park</b> <b>FL</b> Zip Code <b>33334</b>		
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 resigning)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEESON, MARY</b> <b>2101 N ANDREWS AVE</b> <b>WILTON MANORS, FL 33323</b>		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1400 E. Oakland Park Blvd - Suite 210</b> <b>Oakland Park, FL 33334-4400</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>  <b>James M. Beeson Jr</b> 4/24/08    9545638953					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					