

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90037 018 \*\*\*\*50.00

60040283



<b>DOCUMENT # L06000051626</b>	
1. Entity Name DEVIN BEENE, L.L.C.	



Principal Place of Business 175 BELMONT AVENUE COCOA, FL 32927	Mailing Address 175 BELMONT AVENUE COCOA, FL 32927
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 445 Norwood St Suite, Apt. #, etc.
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City & State Merritt Island Zip 32953	Country USA	City & State Florida Zip 32953	Country
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04152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3932717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BEENE, DEVIN J 175 BELMONT AVENUE COCOA, FL 32927	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 445 Norwood Street City Merritt Island FL Zip Code 32953	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEENE, DEVIN J 175 BELMONT AVENUE COCOA, FL 32927 <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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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

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: Devin Beene 4-16-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #