2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097102

Entity Name: BELOVED MINISTRIES LLC

CARRAZANA, MADLYN

214 ATHERSTONNE COURT

LONGWOOD, FL 32779 US

Name:

Address:

City-St-Zip:

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8638 ROSA VISTA AVENUE ORLANDO, FL 32810 US **Current Mailing Address: New Mailing Address:** P.O. BOX 915131 LONGWOOD, FL 32791 US FEI Number: 20-5628232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARRAZANA, GEORGE 214 ATHERSTONNE COURT LONGWOOD, FL 32779 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RIOS FERNANDEZ, RAIZA Name: Name: 580 S. INDIGO ROAD Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: ALVAREZ PEREIVA, NORIVET A Name: ALVAREZ PEREIRA, NORIVET A Address: 8638 ROSA VISTA AVENUE Address: 8638 ROSA VISTA AVENUE City-St-Zip: ORLANDO, FL 32810 US City-St-Zip: ORLANDO, FL 32810 US Title: MGRM () Delete Title: MGRM (X) Change () Addition CAPOTE ROQUE, LYDIA CAPOTE ROQUE, LYDIA Name: Name: 2814 TOMARACK TRAIL Address: Address: 2814 TAMARACK TRAIL City-St-Zip: APOPKA, FL 32703 US City-St-Zip: APOPKA, FL 32703 US () Delete Title: MGRM Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NORIVET ALVAREZ-PEREIRA MGR 03/15/2007