

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# L07000019324

Entity Name: BEGEE REALTY, LLC

Current Principal Place of Business:

3838 TAMIAMI TRAIL NO
SUITE 300
NAPLES, FL 34103 US

New Principal Place of Business:

3838 TAMIAMI TRAIL N
SUITE 300
NAPLES, FL 34103 US

Current Mailing Address:

3838 TAMIAMI TRAIL NO
SUITE 300
NAPLES, FL 34103 US

New Mailing Address:

3838 TAMIAMI TRAIL N
SUITE 300
NAPLES, FL 34103 US

FEI Number: 20-8498109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMIAMI TRAIL NO
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMIAMI TRAIL N
SUITE 300
NAPLES, FL 34103 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BREEN, DOROTHY M
Address: 3838 TAMIAMI TRAIL NO, #300
City-St-Zip: NAPLES, FL 34103 US

Title: MGR () Delete
Name: GOODMAN, KENNETH D
Address: 3838 TAMIAMI TRAIL NO, #300
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DOROTHY M. BREEN

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date