2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L07000024493

Entity Name: BUSINESS ENTERPRISES GROUP, LLC

Current Principal Place of Business:

5031 SHALE RIDGE TRAIL
ORLANDO, FL 32818 FL

New Principal Place of Business:

4528 LIGHTHOUSE CIR
ORLANDO, FL 32808 FL

Current Mailing Address:

5031 SHALE RIDGE TRAIL
ORLANDO, FL 32818 FL

New Mailing Address:

4528 LIGHTHOUSE CIR
ORLANDO, FL 32808 FL

FEI Number: 20-8567124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DBA BUSINESS ENTERPRISES GROUP
5031 SHALE RIDGE TRAIL
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

DBA BUSINESS ENTERPRISES GROUP
4528 LIGHTHOUSE CIR
ORLANDO, FL 32808 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: ONEAL BARNETT 06/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUSINESS ENTERPRISES GROUP
Address: 5031 SHALE RIDGE TRAIL
City-St-Zip: ORLANDO, FL 32818 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BUSINESS ENTERPRISES GROUP
Address: 4528 LIGHTHOUSE CIR
City-St-Zip: ORLANDO, FL 32808 FL

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: ONEAL BARNETT P 06/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date