

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000024952

1. Entity Name  
BEA ENTERPRISE GROUP, LLC



Principal Place of Business  
1600 33RD STREET UNIT 105  
ORLANDO, FL 32839

Mailing Address  
1600 33RD STREET UNIT 105  
ORLANDO, FL 32839

2. Principal Place of Business - No P.O. Box #

4630 S. Kirkman rd  
Suite, Apt. #, etc.  
# 139

3. Mailing Address

4630 S. Kirkman rd  
Suite, Apt. #, etc.  
# 139

City & State

Orlando FL

City & State

Orlando FL

Zip

32811

Country  
USA

Zip  
32811

Country  
USA

6. Name and Address of Current Registered Agent

NEHRDEA GAFNIR, IDO  
1600 33RD STREET UNIT 105  
ORLANDO, FL 32839

7. Name and Address of New Registered Agent  
Name Nehardea Gafnir Ido  
Street Address (P.O. Box Number is Not Acceptable)  
4630 S. Kirkman rd # 139  
City Orlando FL Zip Code 32811

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME NEHRDEA GAFNIR, IDO  
STREET ADDRESS 1600 33RD STREET UNIT 105  
CITY-ST-ZIP ORLANDO, FL 32839

TITLE 463 Nehardea Gafnir Ido  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 4630 S. Kirkman rd Orlando FL  
32811 # 139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

50004757



03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8580579 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

4/21/08

4/21/08