2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# L07000045120

Entity Name: BOB BECK ENTERPRISES LLC

Current Principal Place of Business:

562 BROOKSIDE DRIVE
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

562 BROOKSIDE DRIVE
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 20-8983994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BECK, BOBBY H
562 BROOKSIDE DRIVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: BECK, BOBBY H
Address: 562 BROOKSIDE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGR ( ) Delete
Name: BECK, BOBBY H JR.
Address: 562 BROOKSIDE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BECK, BOBBY H SR.
Address: 562 BROOKSIDE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

Title: MGR ( ) Change (X) Addition
Name: HOFFMAN, MATTHEW R
Address: 1429 FORT SMITH BLVD
City-St-Zip: DELTONA, FL 32725

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: BOBBY H BECK SR MGR 01/25/2008

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