


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90034 044 ***138.75

DOCUMENT # L07000114090	
1. Entity Name <input checked="" type="checkbox"/> Bekv, LLC	

Principal Place of Business 7896 SW 102 Lane Miami, FL 33156	Mailing Address 7896 SW 102 Lane Miami, FL 33156
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60045854



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<input checked="" type="checkbox"/> Chg-LLC		CR2E083 (12/06)	
4. FEI Number 41-2200539	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
<input checked="" type="checkbox"/> Delgado, Mariam J <input checked="" type="checkbox"/> 7800 SW 56 street <input checked="" type="checkbox"/> Miami, FL 33155	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> MGRM <input type="checkbox"/> Delete <input checked="" type="checkbox"/> NUNEZ, Veronica MGRM <input checked="" type="checkbox"/> 12295 SW 93 Ave. <input checked="" type="checkbox"/> Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> MGRM <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Castaneda, Alexandra N. MGRM <input checked="" type="checkbox"/> 7896 SW 102 Lane <input checked="" type="checkbox"/> Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**FIRST
NOTICE!**

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:  Alexandra Castaneda	7/15/08	786.877.9903
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>