

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023919

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: BETTER ENTERPRISE CAPABILITY, LLC

## Current Principal Place of Business:

711 WEST AMELIA SUITE E  
ORLANDO, FL 32805 US

## New Principal Place of Business:

711 WEST AMELIA  
SUITE E  
ORLANDO, FL 32805 US

## Current Mailing Address:

711 WEST AMELIA SUITE E  
ORLANDO, FL 32805 US

## New Mailing Address:

8 FENNER AVE  
NEWPORT, RI 02840 US

FEI Number: 26-2164438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, ERNEST L  
789 FIRST STREET  
ALTAMONTE SPRINGS, FL 32701 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: MGRM ( ) Delete  
Name: CRAWFORD, BILLIE  
Address: 8 FENNER AVE  
City-St-Zip: NEWPORT, RI 02840 US

Title: MGRM ( ) Delete  
Name: LEWIS, ERNEST L  
Address: 789 FIRST STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM ( ) Delete  
Name: WHITE, WILLIAM  
Address: 8 FREEBODY STREET  
City-St-Zip: NEWPORT, RI 02840 US

## ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition  
Name: WHITE, WILLIAM  
Address: 5211 HOLDEN ST.  
City-St-Zip: FAIRFAX, VA 22032 US

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: BILLIE E. CRAWFORD

PRES

01/15/2009

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