

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001832**

**1. Entity Name**  
**BEGO, LLC**



**Principal Place of Business**  
**1450 WEST 68TH STREET**  
**HIALEAH, FL 33014**

**Mailing Address**  
**1450 WEST 68TH STREET**  
**HIALEAH, FL 33014**



07062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |   |
|--|---|
| <b>4. FEI Number</b><br><b>65-1146782</b>  | <b>Applied For</b><br><b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |

**6. Name and Address of Current Registered Agent**

**BELLO, ELIZABETH**  
**1460 WEST 68 STREET**  
**HIALEAH, FL 33014**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 8, 2006**

U00000569872  
07/13/06-80007-006 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                       |                              |
|-----------------------|------------------------------|
| <b>TITLE</b>          | <b>MGR</b>                   |
| <b>NAME</b>           | <b>GOBE, LLC</b>             |
| <b>STREET ADDRESS</b> | <b>1411 NORTH KROME AVE.</b> |
| <b>CITY-ST-ZIP</b>    | <b>HOMESTEAD, FL 33030</b>   |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

**DO NOT WRITE  
IN THIS SPACE**

**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, OR AUTHORIZED REPRESENTATIVE

7/6/06  
Date

Daytime Phone #