

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001388

Entity Name: BETULA, LLC

FILED
Jun 25, 2008
Secretary of State

Current Principal Place of Business:

12345 PENDLETON PIKE
INDIANAPOLIS, IN 46236

New Principal Place of Business:

Current Mailing Address:

12345 PENDLETON PIKE
INDIANAPOLIS, IN 46236

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

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: SMITH, DOUGLAS G
Address: 12345 PENDLETON PIKE
City-St-Zip: INDIANAPOLIS, IN 46236

Title: MGR () Delete
Name: SMITH, DOUGLAS G
Address: 12345 PENDLETON PIKE
City-St-Zip: INDIANAPOLIS, IN 46236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, DOUGLAS
Address: 12345 PENDLETON PIKE
City-St-Zip: INDIANAPOLIS, IN 46236

Title: MGR (X) Change () Addition
Name: SMITH, DOUGLAS
Address: 12345 PENDLETON PIKE
City-St-Zip: INDIANAPOLIS, IN 46236

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: DOUGLAS SMITH

MGRM

06/25/2008

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