


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90368 001 ****50.00

DOCUMENT # M99000001514	
1. Entity Name BEATTIE BROTHERS, L.L.C.	

Principal Place of Business 1150 TARPON CENTER DRIVE, SUITE 704 VENICE, FL 34285	Mailing Address P. O. BOX 4400 SCOTTSDALE, AZ 85261
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. BOX 5762
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SCOTTSDALE, AZ
Zip	Country USA
Country	Zip 85261



04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 86-0789520	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 BEATTIE, RICHARD P 1150 TARPON CENTER DRIVE, SUITE 704 VENICE, FL 34285	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEATTIE, RICHARD P 1150 TARPON CENTER DRIVE, SUITE 704 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard Beattie Manager 4/18/07 480-483 0009