2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# L03000042726

Entity Name: BEELER DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

3511 N. PINE HILLS RD.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3511 N. PINE HILLS RD.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 90-0121466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

G&L AGENT SERVICES, INC.
390 N. ORANGE AVE., STE. 600
ATTN: PRESIDENT
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

MEIER, GREGORY W
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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: GREGORY W. MEIER 02/15/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BEELER, DAVID L
Address: 9475 LAKE LOTTA CIR
City-St-Zip: GOTHA, FL 34734

Title: MGRM ( ) Delete
Name: PANZER, DAVID E
Address: 8850 SOUTHERN BREEZE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: BEELER, DAVID L
Address: 9475 LAKE LOTTA CIR
City-St-Zip: GOTHA, FL 34734

Title: VST (X) Change ( ) Addition
Name: PANZER, DAVID E
Address: 8850 SOUTHERN BREEZE
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID L. BEELER P 02/15/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date