08-09-2004 90148 048 ****50.00
09-02-2004 90004 004 *****5.00
L03000049257

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
2004 SEP 29 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E083 (4/04)

DOCUMENT # L03000049257

1. Entity Name
BEINE DECORATIVE DECKS, LLC

Principal Place of Business	Mailing Address
309 FIFTH STREET JUPITER FL 33458	309 FIFTH STREET JUPITER FL 33458

2. Principal Place of Business	3. Mailing Address
309 - 5th St	309 - 5th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER, FL	City & State: JUPITER
Zip: 33458 Country: PALM BEACH	Zip: 33458 Country: PALM BEACH

4. FEI Number: 123344677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEINE, ROGER
309 FIFTH STREET
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
N/A
City FL Zip Code

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: Roger Beine N/A — N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER MGR Roger Beine 309 Fifth St Jupiter FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Roger Beine — 8-4-04 — 561-747-127[illegible] / 561-371-9[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #