2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055147 1. Entity Name JOHN BETHEA LLC				FILED 05 MAR 29 PM 3: 27	
Principal Place of Business 6903 ESTER ST PENSACOLA, FL 32506		Mailing Address 5906 MONTGOMERY AVE. PENSACOLA, FL 32526		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252005 Chg-LLC	CR2E083 (10/03)
City & State		City & State		4. FEI Number 32. 010142	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	
POYNER, REBECCA L 5906 MONTGOMERY AVE PENSACOLA, FL 32526		-		Street Address (P.O. Box Number is Not Acceptable)	
٠,			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 Relieur J. Phymer Kessers L. Pomer 325-05					
	Signahire, typed or printed name of registated agen	and title it applicable. (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
Due by May 1, 2005 Florida Departme					ake check payable to ida Department of State
9. TITLE	MANAGING MEMB	ERS/MANAGERS -	10.	ADDITION	IS/CHANGES
NAME STREET ADDRESS CITY-ST-ZIP	BETHEA, JOHN 6903 ESTER ST PENSACOLA, FL 32506		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600050 04/07/05-010	Change Addition Addition
TITLE NAME		П.			
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M4/5	☐ Change ☐ Addition
		□ Delete	NAME STREET ADORESS	pa4/5	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		·	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	M4/5	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	M4/5	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 1 hereby indicated	certify that the information supplied wit on this report is true and accurate an bility company or the receiver or truste	Delete Delete Delete th this filling does not qualify for d that my signature shall have the distribution of the control of	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	f made under oath; that I am a mar	Change Addition Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 1 hereby indicated	certify that the information supplied wit on this report is true and accurate an bility company or the receiver or truste	Delete Delete Delete th this filling does not qualify for d that my signature shall have the distribution of the control of	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in 3 he same legal effect as if eport as required by Cha	f made under oath; that I am a mar apter 608, Florida Statutes.	Change Addition Change Addition Change Addition Change Addition