


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008370 1. Entity Name BESTOALL, LLC	
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Principal Place of Business 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	Mailing Address P.O. BOX 620365 ORLANDO, FL 32862
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DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3675117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEE, RICHARD T
7050 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 32822

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000403693
02/06/06-80017-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEE, RICHARD T
STREET ADDRESS	7050 AUGUSTA NATIONAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	MGR
NAME	LEE, KATHLEEN S
STREET ADDRESS	7050 AUGUSTA NATIONAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Richard T. Lee

1-16-06

407-857-2835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #