


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90432 033 ****50.00

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| DOCUMENT # L01000014734 | |  | |
| 1. Entity Name BETTY J. MASTERS LLC | | | |
| Principal Place of Business 1407 HARNDEN RD. W. PORT ORANGE FL 32129 | | Mailing Address P.O. BOX 238192 PORT ORANGE FL 32123-8192 US | |
| 2. Principal Place of Business 1407 HARNDEN RD. W. Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 291071 Suite, Apt. #, etc. | |
| City & State Port Orange, FL Zip 32129 Country Volusia | | City & State Port Orange, FL Zip 32129-1071 Country Volusia | |
| 4. FEI Number NO-T APPLICABLE | | 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 MASTERS, BETTY J PRES 1407 HARNDEN RD. W. PORT ORANGE FL 32129 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MASTERS, BETTY J PRES 1407 HARNDEN RD. W. PORT ORANGE FL 32129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 Section 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: Betty J Masters **BETTY J. MASTERS** 2-15-06 386-760-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #