

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000011088**

**1. Entity Name**

**BEADEL ENTERPRISES, L.C.**



**Principal Place of Business**

**1134 53RD COURT NORTH  
WEST PALM BEACH, FL 33407**

**Mailing Address**

**1134 53RD COURT NORTH  
WEST PALM BEACH, FL 33407**



**04222004 No Chg-LLC**

**CR2E083 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**04-3670662**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BEALE, CHARLES  
1134 53RD COURT NORTH  
WEST PALM BEACH, FL 33407**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME BEALE, CHARLES  
STREET ADDRESS 10395 TRAILWOOD CIRCLE  
CITY-ST-ZIP JUPITER, FL 33478**

**TITLE MGR  
NAME DELDERFIELD, F. PETER JR.  
STREET ADDRESS 259 WRANGLEWOOD DRIVE  
CITY-ST-ZIP WELLINGTON, FL 33414**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**000000131668  
04/27/04-80015-008 50.00**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

Date

Daytime Phone #

**CHARLES BEADEL PARTNER**

**4/23/04 561-840-1446**