2005 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L02000011088

1. Entity Name

BEADEL ENTERPRISES, L.C.



Mailing Address

1134 53RD COURT NORTH WEST PALM BEACH, FL 33407

Principal Place of Business

1134 53RD COURT NORTH WEST PALM BEACH, FL 33407

FILED Apr 18, 2005 08:00 AM Secretary of State



04142005 No Chg-LLC

CR2E083 (10/03)

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

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

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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 the if applicable (NOTE F			gent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			ALL STATE OF THE S
TILE	MGR	-		
NAME	BEALE, CHARLES			
STREET ADDRESS	10395 TRAILWOOD CIRCLE	i	į	UOUUUU313971
CITY-ST-ZIP	JUPITER, FL 33478			<u>1820</u> 5-80149-002 50.00
TITLE	MGR			
NAME	DELDERFIELD, F. PETER JR.	1		
STREET ADDRESS	259 WRANGLEWOOD DRIVE			
CITY-ST-ZIP	WELLINGTON, FL 33414			
TITLE		-2		
NAME		₹		
STREET ADDRESS			DO NO	T WRITE
CITY-ST-ZIP				
TITLE	. 4		IN THIS	S SPACE
NAME			214 1144	0 01 7102
STREET ADDRESS				
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CITY-ST-ZIP			W	
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 cath, that I am a managing member or manager of the limited liability company or the report of the company of the report of the company of the com				

MEMBER OR AUTHORIZED REPRESENTATIVE