

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2006 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when remitting)

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

TITLE ☐ Change ☐ Add
NAME 000000414132
STREET ADDRESS 02/11/06-80024-010 55.00
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

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

Date

Daytime Phone #

SGI

840-1446