

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2007 08:00 A
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 - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	4. FEI Number 04-3670662 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable						
Applied For													
Not Applicable													
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)									
6. Name and Address of Current Registered Agent BEALE, CHARLES 1134 53RD COURT NORTH WEST PALM BEACH FL 33407			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007													
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BEALE, CHARLES 10395 TRAILWOOD CIRCLE JUPITER FL 33478	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition								
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DELDERFIELD, F. PETER JR. 259 WRANGLEWOOD DRIVE WELLINGTON FL 33414	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition								
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1st MOORE CR2E083 (10/06)

4. FEI Number 04-3670662

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

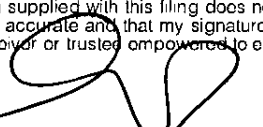
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	

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:  **CHARLES BEALE** **Gen Partner** 3/19/07 561-840-1441

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