


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L02000020852 1. Entity Name B & C TYSON, L.L.C. |  |
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| Principal Place of Business 1030 CLYDESDALE DR. LOXAHATCHEE, FL 33470 US | Mailing Address 1030 CLYDESDALE DR. LOXAHATCHEE, FL 33470 US |
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01042005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 22-3869353 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TYSON, WILLIAM P 3031 FORTUNE WAY #A-7 WELLINGTON, FL 33414 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| Filing Fee is \$50.00 Due by May 1, 2005 |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TYSON, WILLIAM P 3031 FORTUNE WAY #A-7 WELLINGTON, FL 33414 |
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1100000273514
11/23/05-80031-012 50.00

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 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.

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| SIGNATURE:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | Date _____ | Daytime Phone # _____ |
|---|---|------------|-----------------------|