

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033776

FILED
Jan 16, 2006
Secretary of State

Entity Name: BEAVER FEVER, LLC

Current Principal Place of Business:

C/O DR. RANDY W. GRIFFIN
2654 WEST LAKE RD
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

C/O DR. RANDY W. GRIFFIN
2654 WEST LAKE RD
PALM HARBOR, FL 34684

New Mailing Address:

C/O DR. RANDY W. GRIFFIN
2654 WEST LAKE RD
PALM HARBOR, FL 34684

FEI Number: 54-2086751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT ST., STE. 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRIFFIN, RANDY W
Address: 2654 WEST LAKE RD
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR () Delete
Name: MCDOWELL, ERNEST H
Address: 124 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: MGR () Delete
Name: CHURNEY, ROBERT B
Address: 124 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RANDY W. GRIFFIN

MGR

01/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date