



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90034 035 ****50.00

DOCUMENT # L03000005066					
1. Entity Name KORSHAK AND BEAULIEU MANAGEMENT COMPANY, L.L.C.					
Principal Place of Business 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809			Mailing Address 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809		
2. Principal Place of Business 8680 Commodity Cir Suite, Apt. #, etc.		3. Mailing Address 8680 Commodity Cir Suite, Apt. #, etc.			
200 B		200B		07192005 Chg-LLC CR2E083 (10/03)	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 90-0066279	
Zip 32819		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LYLEN, IAN J 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name: Stephen D Korshak Street Address (P.O. Box Number is Not Acceptable): 8680 Commodity Cir Suite 200B City: Orlando FL Zip Code: 32819		
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: <u>Stephen D Korshak</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME KORSHAK, STEPHEN D STREET ADDRESS 2345 SAND LAKE ROAD, SUITE 120 CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE MGR NAME Korshak Stephen D STREET ADDRESS 8680 Commodity Cr Suite 200B CITY-ST-ZIP Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME BEAULIEU, R. NIEL STREET ADDRESS 2345 SAND LAKE ROAD, SUITE 120 CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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. SIGNATURE: <u>Stephen D Korshak</u> Date: _____ Daytime Phone #: _____					