## **2005 LIMITED LIABILITY COMPANY**

## **FILED** Aug 05, 2005 8:00 am

ANNUAL REPORT							Secretary of State					
DOCUMENT # L0300005066					19					_	1 Sta 5 ****50.0	
1. Entity Name KORSHAK AND BEAULIEU MANAGEMENT COMPANY, L.L.C.								06-03-20	JO3 900	34 033	5 **** 30.0	O
			A.A. 197. A. P. I.		€® WI							
Principal Place of Business 2345 SAND LAKE ROAD, SUITE 120			Mailing Address 2345 SAND LAKE ROAD, SUITE 120									
ORLANDO, F			ORLANDO, FL 32809	,								
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2. Principal Place of Business 8680 Commodity Cir		3. Mailing Address 8680 Commodity Cir				I LEBINDI BI						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07192005	Chg-L	LC	CR2E	083 (10/03)		
City & State		200B City & State				4. FEI Numb					plied For	
Orlando FL		Orlando FL					6279			1—1	ot Applicable	
Zip	!	Country	Zip	Coun	•		5. Certificate	of Status D	esired		\$5.00 Add	
3281	6. Name	and Address of Current	Registered Agent		IS		7. Name and	Address	f New Re	gistered	· · · · · · · · · · · · · · · · · · ·	
LYLEN, IA	N.I				Name	Step	hen D Ko	rshak				
2345 SAN	D LAKE R	OAD, SUITE 120			Street A	ddress (F	O. Box Numb	er is Not Ac	ceptable)			
ORLANDO	), FL 3280	99				8680	Commod	lev Ci	r Suit	te 20	ОВ	
										- (2)	<b>6</b> 9	
8. The above	nalmed entit	y submits this statement for	the purpose of changing its	registere	ed office or	Orla register		th, in the St	ate of Flori		_ เวาอเ	and accept
the obligat	tions of regist	ered egent.	solob									
	1000		es intillaries									
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, ,	<del>U 6 :</del>		ind title if applicable. (NOTE	: Ragistered	d Agent signatu	ure required	when reinstating)		Maka			
Fil	ing Fee is		no title il applicable. (NOTE	: Registered	d Agent signatu	ura required	when reinstating)			check p	payable to nent of State	3
Fil	ing Fee is	s \$50.00		Registered	d Agent signatu	ure required	when reinstating)	ADD	Florida	check p	nent of State	9
Pill Due t	ling Fee is by Septen	3 \$50.00 nber 7, 2005 MANAGING MEMBEI		10. Tatle		MGR				check p	nent of State	e Addition
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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.

& Whak SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, PR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #