

2005-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 31 PM 1:58

Revised 1/25/06

DOCUMENT # L03000005630


1. Entity Name
HOUSE OF BEAUFORT LLC



Principal Place of Business Mailing Address
4324 S MAGNOLIA CIRCLE **4324 S MAGNOLIA CIRCLE**
DELRAY BEACH, FL 33445 **DELRAY BEACH, FL 33445**

2. Principal Place of Business 3. Mailing Address
1604 FENTON DRIVE **1604 FENTON DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DELRAY BEACH, FL **DELRAY BEACH, FL**
 Zip Country Zip Country
33445 **USA** **33445** **USA**



01252006 Chg-LLC CR2E063 (11/05)

4. FEI Number Applied For
54-2106709 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WALIGORA, NANCY TERESA
18 LAKE EDEN DRIVE
BOYNTON BEACH, FL 33435

Name **WALIGORA, NANCY TERESA**
 Street Address (P.O. Box Number is Not Acceptable)
1604 FENTON DRIVE
 City **DELRAY BEACH** FL Zip Code **33445**

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 Nancy Teresa Waligora 1/25/06 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when finalizing)

Filing Fee is \$50.00 Due by May 1, 2006 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM/MGR	<input type="checkbox"/> Delete	TITLE MEM/MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEWHURST, HENDRIEN		NAME 600065287212	02/02/06--01048--009 ***100.00
STREET ADDRESS PO BOX 453		STREET ADDRESS	
CITY-ST-ZIP WACCABUC, NY 10597		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	05 FF - \$50
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	06 FF - \$50
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: Michelle G. Poyner 1/25/06 5617035653

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