2005-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 31 PM 1:58

DOCUMENT # L03000005630

1. Entity Name
HOUSE OF BEAUFORT LLC

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

Mailing Address
4324 S MAGNOLIA CIRCLE
DELRAY BEACH, FL 33445

01252006 Chg-LLC CR2E083 (11/05)

REVISED 1/25/06

2. Principal Place of Business
1604 FENTON DRIVE
Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL
Zip: 33445 Country: USA

3. Mailing Address
1604 FENTON DRIVE
Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL
Zip: 33445 Country: USA

4. FEI Number: 54-2106709 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WALIGORA, NANCY TERESA
~~18 LAKE EDEN DRIVE~~
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing) DATE

Filing Fee Is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM/MGR
NAME	DEWHURST, HENDRIEN
STREET ADDRESS	PO BOX 453
CITY-ST-ZIP	WACCABUC, NY 10597

☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 600065287212 02/02/06--01048--009 **100.00 ☐ Change ☐ Addition

05 FF - $50

06 FF - $50

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 1/25/06 561703 5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #