2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # L03000006586 04-21-2005 90024 032 ****50 00 1. Entity Name BESHARD, LLC Principal Place of Business Mailing Address **ZUUJJ40J** 402 CYPRESS GARDEN BLVD. 402 CYPRESS GARDEN BLVD. WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 04112005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 72-1550158 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, CARL DO NOT WRITE 648 BROADMOOR CIRCLE WINTER HAVEN, FL 33884 IN THIS SPACE 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 Signature, type: r printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE **MGRM** EVANS, CARL MR NAME STREET ADDRESS 402 CYPRESS GARDEN BLVD CITY-ST-ZIP WINTER HAVEN; FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP tine IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

FILED