2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

					secretary of State			
DOCUMENT # L03000018494 1. Entity Name BEAVER BUSINESS DEVELOPMENT, LLC				04-29-2005 90063 022 ****50.00				
Principal Place of Business Mailing Address								
-	BEAVER STREET	P.O. BOX 41430						
	LE, FL 32209	JACKSONVILLE, FL 32203-1430						
MUNDONALI	LL, IL 32203	INCOSCITATELE, LE SEZOS-1400						
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Principal Place of Business 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005	Chg-LLC	CR2E083 (10/03)		
							<u> </u>	
City & State		City & State			4. FEI Num		<u> </u>	oplied For
					05-0570319 Not Applicable			
Zip	Country	Zip Co		ry	E Cortificati	e of Status Desired	- \$5.00 Ad	ditional
	ł				5. Certificat	e of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent	I		7. Name an	d Address of New Re	egistered Agent	
				Name //	1	- 62 - 11		
BRANT, ABRAHAM, REITER & MCCORMICK, P.A.				MAND FRISCH				
	LAURA STREET, SUITE 275			Street Address	s (P.O. Box Num	ber is Not Acceptable)	-
	IVILLE, FL 32202	•	L	1741	W.	BEAVER	STREET	
	, , , , , , , , , , , , , , , , , , , ,							
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,				City Ta	KSONV	11115	FL Zip_Soy	9119
8. The above named entity submits this statement for the purpose of changing its registered office or registered.					torod sport or b	oth in the State of Flor	rida. Lam familiar with	207
the obligation	tions of registered agent.	the purpose of changing its	registere	d office of regis	tereu agent, or u	out, at the state of Floa	ricia. Tarri familiai wico,	and accept
uno oongu	V SI /AI	11-	1			/.	21-1	
SIGNATURE Har She HANS FRISCH 4/27/05								
	"Signature hyped or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature requi	red when reinstating)		DATE .	
	· · · / · · /							
Filing Fee is \$50.00				Make check payable to				
D	ue by May 1, 2005				Florida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete TITU					☐ Change	☐ Addition
NAME	FRISCH, HANS	NAI		:			_	
STREET ADDRESS	1741 W. BEAVER STREET		STREE	ET ADDRESS	DDRESS			
CITY-ST-ZIP				ST-ZIP				
TITL C			-	-			<u></u>	
TITLE			TITLE	i i			Change	Addition
NAME			NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	C C		CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME	:				
STREET ADDRESS			STREE	ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE	☐ Delete		TITLE	1			☐ Change	☐ Addition
NAME	1		NAME					
STREET ADDRESS				et adoress				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME	•		NAME					
STREET ADORESS				ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
			_		.			
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS	1		STREE	ET ADDRESS				
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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.

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

4/27/05

Daytime Phone #