

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000018494

1. Entity Name
BEAVER BUSINESS DEVELOPMENT, LLC



Principal Place of Business
1741 WEST BEAVER STREET
JACKSONVILLE, FL 32209

Mailing Address
P.O. BOX 41430
JACKSONVILLE, FL 32203-1430



04212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0570319

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRISCH, HANS
1741 W BEAVER STREET
JACKSONVILLE, FL 32209

**DO NOT WRITE
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 agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

U00000738715
05/11/07-80077-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRISCH, HANS
STREET ADDRESS	1741 W. BEAVER STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32209

TITLE	
NAME	
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CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

HANS FRISCH

4/25/07

*(904)
354-8533*