


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90562 046 \*\*\*\*50.00

|                                   |  |   |
|-----------------------------------|--|---|
| DOCUMENT # L03000028356           |  |  |
| 1. Entity Name<br>BEAU BANDY, LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>4329 WILLOW POND CIRCLE<br>WEST PALM BEACH FL 33417 | Mailing Address<br>4329 WILLOW POND CIRCLE<br>WEST PALM BEACH FL 33417 |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>3980 NORTHLAKE BLVD<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|--|---|

|                                     |                |                             |                               |
|-------------------------------------|----------------|-----------------------------|-------------------------------|
| City & State<br>PALM BEACH Gdns, FL | City & State   | 4. FEI Number<br>03-0525680 | Applied For<br>Not Applicable |
| Zip<br>33403                        | Country<br>USA | Zip                         | Country                       |



MOORE CR2E083 (11/03)

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>BANDY, BEAU<br>4329 WILLOW POND CIRCLE<br>WEST PALM BEACH FL 33417 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---|--|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BANDY, BEAU<br>4329 WILLOW POND CIRCLE<br>WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MAROUSSAS, JOHN<br>4329 WILLOW POND CIRCLE<br>WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: 

3-24-04 (561) 627-6969