

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90321 002 ****50.00

DOCUMENT # L03000028356					
1. Entity Name BEAU BANDY, LLC					
Principal Place of Business 3480 NORTH LAKE BLVD WEST PALM BEACH, FL 33403			Mailing Address 4329 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417		
2. Principal Place of Business 3980 NORTH LAKE BLVD Suite, Apt. #, etc.		3. Mailing Address 78 PRINCEWOOD LANE Suite, Apt. #, etc.			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 03-0525680	
Zip 33403 Country USA		Zip 33410 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BANDY, BEAU 4329 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name: (SAME) Street Address (P.O. Box Number is Not Acceptable): 78 PRINCEWOOD LANE City: Palm Beach Gardens, FL Zip Code: 33410		
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 re-registering)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANDY, BEAU 4329 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	78 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAROUSSAS, JOHN 4329 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	78 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: _____			561-627-2969		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		