2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND DWED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 11, 2005 08:00 AM Secretary of State

ANNOAL REPORT						Secretary of State				
DOCUMENT # L03000044616 1. Entity Name BESSETTE ENTERPRISES, L.L.C.							ci ouii ,	, 01		
Principal Place of Business Mailing Address]					
7399 SOUTHAMPTON TERRACE BOYNTON BEACH, FL 33436-8501		951 SW 4TH AVE BOCA RATON, FL 33432		 		ilit 2021 bilgit shele g	II E 1 11 879 1 27	PBI itt iTNI		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02082005	Chg-LLC	CR2E083	(10/03)		
City & State		City & State		4. FEI Numb				plied For I Applicable		
Zip	Country	Zip	Count	ry	5. Certificat	e of Status Desired		.00 Add Required		
	6. Name and Address of Current R	egistered Agent			7. Name an	d Address of New I	Registered Age	nt		
DI AIVEOD	EDO 34811 (444 4 OD 4			Name						
951 SW 47	ERG, WILLIAM J CPA TH AVENUE TON, FL 33432-5803		ļ	Street Address (P.O. Box Numb	oer is Not Acceptable	(e)			
				City			FL	Zip Code	,	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or register	ed agent, or be	oth, in the State of Fl	orida. I am fami	liar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT)	E Registered	Agent signature required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State					
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR	☐ Delete	TITLE				Ō	Chance	Addition	
NAME	BESSETTE, BETTY ANN		NAME			U000i	30225590	•		
STREET ADDRESS	7399 SOUTHAMPTON TERRACE		STREE	Y ADDRESS			5-80043-0	124 51	3.00 l	
CITY - ST - ZIP	BOYNTON BEACH, FL 33436850	1	CITY-	ST-ZIP						
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CITY-ST-ZIP	<u> </u>			ST-ZIP						
TITLE		☐ Deleis	TITLE	-				Change	Addition	
NAME			NAME					J. A. Iye		
STREET ADDRESS				T ADDRESS.					1	
CITY-ST-ZIP	Terenametro		City-	ST-ZIP						
11. I hereby of	1 certify that the information supplied with ti I on this report is true and accurate and th	sat my signature shall have	the same	legal effect as if or	rade under oat	h: that I am a mana	I further certify t	hat the in	formation r of the	
11.0100,00	ibility company or the receiver or trustee	, and 11.7 and 1.5 and						-		