2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# L03000055581

Entity Name: BEV MANAGEMENT, LLC

Current Principal Place of Business:

1830 S. KINGWAY DRIVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

1830 S. KINGWAY DRIVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-0509515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, BLANCA I
1830 S. KINGWAY DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HERNANDEZ, BLANCA I
Address: 1830 S. KINGWAY DRIVE
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete
Name: SILVA, EFRAIN
Address: 1830 S. KINGWAY DRIVE
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete
Name: HERNANDEZ, VICTOR
Address: 1830 S. KINGWAY DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: HERNANDEZ, VICTOR J
Address: 1830 S. KINGWAY DRIVE
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BLANCA I. HERNANDEZ MGRM 02/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date