


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90208 035 ****50.00

DOCUMENT # L04000009571	
1. Entity Name BEEF 4 KIDS, LLC	

Principal Place of Business 112 EDMONTON LANE BRANDON FL 33511	Mailing Address 112 EDMONTON LANE BRANDON FL 33511
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2. Principal Place of Business 7363 N STATE RD #7 Suite, Apt. #, etc.	3. Mailing Address 7363 N STATE RD #7 Suite, Apt. #, etc.
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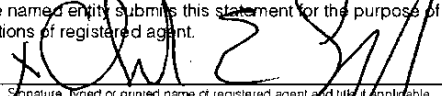
1st MOORE CR2E083 (10/04)

City & State PARKLAND, TX	City & State PARKLAND, TX
Zip 73067	Country USA

4. FEI Number 20-0690222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LOCKE, CHARLES E JR 112 EDMONTON LANE BRANDON FL 33511	
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7. Name and Address of New Registered Agent Name CHARLES E LOCKE JR. Street Address (P.O. Box Number is Not Acceptable) 7363 N. STATE RD #7 City PARKLAND FL Zip Code 73067	
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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 	DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHARLES E LOCKE JR 7363 N STATE RD #7 PARKLAND, TX 73067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		