


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000016669**

1. Entity Name  
**BRANDON D. BEARDSLEY LLC**



Principal Place of Business <b>1510 N. PONCE DE LEON BLVD.          STE. B          ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>1510 N. PONCE DE LEON BLVD.          STE. B          ST. AUGUSTINE, FL 32084</b>
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-0961019</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEARDSLEY, BRANDON D  
 1510 N. PONCE DE LEON BLVD.  
 STE. B  
 ST. AUGUSTINE, FL 32084**

**DO NOT WRITE IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEARDSLEY, BRANDON D 1510 N. PONCE DE LEON BLVD., STE. B ST. AUGUSTINE, FL 32084
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U00000776883  
 01/09/08-80042-005 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/7/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #