

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023522

FILED
Apr 25, 2005
Secretary of State

Entity Name: BEAU SEJOUR HOUSING, LLC

Current Principal Place of Business:

3641 SW CAMASTRO
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

3641 SW CAMASTRO
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

7 LOEW CIRCLE
MILTON, MA 02186 US

FEI Number: 77-0629803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM () Delete
Name: CORRIELUS, LESLY J
Address: 7 LOEW CIRCLE
City-St-Zip: MILTON, MA 02186 US

Title: MGRM () Delete
Name: CORRIELUS, JEAN M
Address: 6031 SANDCASTLE DRIVE
City-St-Zip: MANASSAS, VA 20112 US

Title: MGRM () Delete
Name: CORRIELUS, JEAN L
Address: 952 E 54TH STREET
City-St-Zip: BROOKLYN, NY 11238 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLY J. CORRIELUS

MGRM

04/25/2005

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