


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90293 032 ****50.00

DOCUMENT # L04000041811	
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1. Entity Name
MIBEV, LLC

Principal Place of Business 813 S. 8TH STREET FERNANDINA BEACH FL 32034	Mailing Address 813 S. 8TH STREET FERNANDINA BEACH FL 32034
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2. Principal Place of Business 365 Otter Run Drive	3. Mailing Address 365 Otter Run Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State Fernandina Beach FL	City & State Fernandina Beach FL
Zip 32034	Country USA
Zip 32034	Country USA

4. FEI Number 35-2230754	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent O'CONNER, JAMES PRAT ESQ. 13 1/2 NORTH 4TH STREET FERNANDINA BEACH FL 32034	
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7. Name and Address of New Registered Agent Name O'CONNER, JAMES PRAT, Esq Street Address (P.O. Box Number is Not Acceptable) 501 CENTRE STREET SUITE 106 City FERNANDINA BEACH FL Zip Code 32034	
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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 James Pratt O'Conner	DATE 2/6/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNER, BEVERLY 365 OTTER RUN DR. FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNER, JAMES M 365 OTTER RUN DR. FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Beverly O'Conner** **2-6-06** **(904)261-6357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #