


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000013202		
1. Entity Name BEVILLE BUSINESS CENTER, L.L.C.		

FILED

06 MAR -8 AM 10: 22

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4668 HALIFAX DRIVE PORT ORANGE, FL 32127	Mailing Address 4668 HALIFAX DRIVE PORT ORANGE, FL 32127
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2. Principal Place of Business 947 Pineville Rd	3. Mailing Address P.O. Box 291774
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State SOUTH DAYTONA, FL		City & State PORT ORANGE, FL	
Zip 32119	Country USA	Zip 32129-1774	Country USA

4. FEI Number 37-1504776	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 FOSTER, WALTER E III 315 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNELIS, TERRACE J 4668 HALIFAX DRIVE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1909 S. RIVERSIDE DR #8 EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNELIS, YVONNE 4668 HALIFAX DRIVE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1909 S. RIVERSIDE DR #8 EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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

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: 	Date 2/7/06	Daytime Phone # 386-760-4449
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