2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1		DOCUMENT # L05000013202										
1. Entity Name BEVILLE BUSINESS CENTER, L.L.C.							FILED					
							06 MAR -8 AM 10: 22					
Principal Place		s	Mailing Address	Mailing Address			United to Fine STATE					
4668 HALIFA PORT ORANG		27	4668 HALIFAX DRIVE Port Orange, FL 32127				CALL AMASCEE, FLORIDA					
s - 1000 000000, 10 32127							I (BRINBIL O	H 23151 CHA SAMI BZMI		B IING HON SEND NE		
2. Principal P			3. Mailing Address	3. Mailing Address								
Suite, Apt.		rice vile by	—— <i>P. o . Box 291775</i> Suite, Apt. #, etc.			7/7	01122006	Chg-LLC	CBSE	E083 (11/05)		
7/ 1			City & State					_		, ,	plied For	
SOUTH DAYTONA, FL			City & State Port	MOE,	FL		^{xer} 37-75	6477	6 No	t Applicable		
Zio 	119	Country USA	Zip 32129-1774	Coun	ntry 132			e of Status Desire		\$5.00 Add Fee Required		
	6. Name	e and Address of Current F	Registered Agent		Name		7. Name and	d Address of New	v Registered	1 Agent		
FOSTER, WALTER E III 315 S. PALMETTO AVENUE					Street Address (P.O. Box Number is Not Acceptable)							
		FL 32114										
		•		City					E	■ J Zip Code	e	
A. The above	named entit	ty submits this statement for	<u> </u>	register	ed agent, or bo	oth, in the State of	Florida, I ar	<u> </u>				
	tions of regist		the purpose of Changing as a	Cyloto	ou umoo c.	Togioto.	Bu agoin, or a	MIL III UIC CIGIC C.	I MIRGON 1 SA	Il Carroller Friend	and accept	
SIGNATURE .	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOTE:	: Registere	ed Agent signatu	re required	when reinstating)	 	DATE			
Filler For In PEO CO								N	lake check	payable to		
Filing Fee is \$60.00								Florida Department of State				
9.	T	MANAGING MEMBE		10.				ADDITIO	NS/CHANGE			
TITLE NAME	MGR CORNEL	IS, TERRACE J	☐ Delete	TITLI Nam			<u>-</u> -		. 0	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4668 HAL	LIFAX DRIVE					09 S.Rivbeside de #8 DIEWATER, FL 32141					
TITLE	MGR					٠,٠	CVV TO	-, 72			☐ Addition	
NAME STREET ADDRESS	1	CORNELIS, YVONNE MA 4668 HALIFAX DRIVE ST					NESS 1909 S. RIVERSIAE DR. #8					
CITY-ST-ZIP		PORT ORANGE, FL 32127				· / ·						
TITLE		☐ Defete TITE								☐ Change	☐ Addition	
STREET ADDRESS			STRE	AE EET ADDRESS	_	1/12	•					
CITY-ST-ZIP	<u> </u>		- Doleto	-	Y-ST-ZIP	X	<u> </u>	<u>'</u>	<u></u> .	[7] Change	☐ Addition	
NAME			☐ Delete	NAM	ME .	M.	· · · · ·			•	Mudition	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS Y-ST-ZIP _	٢	1 (3) 103,743	00067 6/060100	' 946 '7003	710 **111.	25	
TITLE			☐ Delete	TITL		 		<u> </u>	<u> </u>	☐ Change	Addition	
NAME , STREET ADDRESS				NAM STR	ME NEET ADORESS							
CITY-ST-ZIP	<u> </u>				Y-ST-21P					<u> </u>	 	
TITLE NAME			☐ Delete	TITL NAM	1	i				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS Y-ST-ZIP	l						
11. I hereby	certify that th	ne information supplied with	n this filing does not qualify for	the exe	emptions co	ntained	in Chapter 119), Florida Statutes	. I further cer	tify that the info	ormation	
indicated	d on this repo	ort is true and accurate and	that my signature shall have the empowered to execute this re	the sam	ne legal effec	ct as if m	nade under oat	th; that I am a ma	naging merr	nber or manage	er of the	
1		1	// .									
SIGNAT		//						7/- /		C-760 Daytime Phone #	1000	